

MISSISSIPPI CODE

1972

ANNOTATED

**ADOPTED AS THE OFFICIAL CODE OF THE
STATE OF MISSISSIPPI
BY THE
1972 SESSION OF THE LEGISLATURE**

MISSISSIPPI LEGAL FORMS
2013 Cumulative Supplement

Compiled by
Watkins & Eager PLLC
Jackson, Mississippi
Ally Windsor Howell, Esq.
and
The Editorial Staff of LexisNexis



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Miss. Code Ann. § 79-11-137

Miss. Code Ann. § 79-4-2.02

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 22:8 – 22:18 (2001)

15 Am.Jur.2d *Charities* §§ 172, 177, 178

18 Am.Jur.2d *Corporations* § 33

18A Am.Jur.2d *Corporations* §§ 184, 194, 201, 203

4 Am.Jur. Legal Forms 2d *Charities* §§ 55:144, 55:145

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14 C.J.S. *Charities* § 68

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Miss. Code Ann. § 79-11-145

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 22:28 - 22:33 (2001)

2A Am.Jur. Legal Forms 2d *Associations and Clubs* §§ 27:55, 27:61 et seq.

18 C.J.S. *Corporations* §§ 111 et seq.

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Miss. Code Ann. § 79-4-2.06

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 22:28 – 22:33 (2001)

Kate Margolis, *Binding Shareholder Bylaw Amendments: An Antidote for the Poison Pill?*, 67 Miss. L.J. 817

James L. Robertson, The Law Of Corporate Governance: Coming Of Age In Mississippi?, 65 Miss. L.J. 477

18A Am.Jur.2d *Corporations* §§ 310, et seq.

6 Am.Jur. Legal Forms 2d *Corporations* §§ 74:782 – 74:784, 74:941 et seq.

18 C.J.S. *Corporations* §§ 179 et seq.

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Miss. Code Ann. § 79-4-2.05

18A Am.Jur.2d *Corporations* § 217 et seq.

19 C.J.S. *Corporations* § 748

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Miss. Code Ann. § 79-4-2.02, § 79-11-143

18 Am.Jur.2d *Corporations* §§ 73 et seq.

6 Am.Jur. Legal Forms 2d *Corporations* §§ 74:121 et seq., 74:191 et seq., 74:631 et seq., 74:1224 et seq., §§ 74:1266 et seq., 74:984, 74:1001 – 74:1004, 74:1021

18A Am.Jur.2d *Corporations* §§ 184, 322, 689, 734, 931, 939

18 C.J.S. *Corporations* §§ 69 et seq.

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Miss. Code Ann. § 79-4-7.04, § 79-4-8.21

18B Am.Jur.2d *Corporations* §§ 950, 1446-1450

6 Am.Jur. Legal Forms 2d *Corporations* §§ 74:1073, 74:1077, 74:1078

19 C.J.S. *Corporations* §§ 539, 745

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Miss. Code Ann. § 79-4-8.21

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 22:121 – 22:130 (2001)

18B Am.Jur.2d *Corporations* § 950, 1446-1450

6 Am.Jur. Legal Forms 2d *Corporations* §§ 74:1073; 74:1077, 74:1078

19 C.J.S. *Corporations* §§ 539, 745

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Miss. Code Ann. § 79-4-7.04

J. Jackson & M. Miller, ENCYCLOPEDIA OF MISSISSIPPI LAW, §§ 22:85 – 22:120 (2001)

18A Am.Jur.2d *Corporations* § 950

18 C.J.S. *Corporations* § 539

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ANNOTATIONS

Miss. Code Ann. § 79-4-11.06

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 22:185 – 22:207 (2001)

19 Am.Jur.2d *Corporations* § 2620

6A Am.Jur. *Legal Forms 2d Corporations* §§ 74:1970, 74:2201, 74:2202, 74:2293 – 74:2295

19 C.J.S. *Corporations* §§ 792 et seq.

§ 1-10. Agreement and Plan of Merger.

Section 79-4-11.02, Mississippi Code of 1972, which formerly appeared as § 76-4-11.01, was amended and renumbered as Section 79-4-11.02 by Section 16 of Chapter 469, Laws of 2000. As a result the following changes and additions should be made to the Agreement and Plan of Merger.

In Article II, change the name of the Article from “Cancellation of Stock” to “Cancellation and Conversion of Stock”.

Add the following section:

Section 2.2. Conversion of Stock. Each share of FOREIGNCO shall be exchanged for ____ share(s) of the stock of SURVIVOR.

In Article III, add the following:

Section 3.1. Articles of Incorporation. [1st Alternative section]

Attached hereto and made a part hereof by reference, are true and correct copies of the Articles of Incorporation of any corporation, or the organizational documents of any other entity to be created by the merger.

Section 3.1. Articles of Incorporation. [2nd Alternative section]

Attached hereto and made a part hereof by reference, are true and correct copies of all amendments to the SURVIVOR’s Articles of Incorporation, or organizational documents.

ANNOTATIONS

Miss. Code Ann. § 79-4-11.02, § 79-11-319

J. Jackson & M. Miller, *Encyclopedia of Mississippi Law*, §§ 22:185 – 22:207 (2001)

Samuel C. Thompson, Jr., Change of Control Board: Federal Preemption of the Law Governing a Target's Directors, 70 Miss. L.J. 35

Brian C. Smith, Changing the Deal: How Omnicare v. NCS Healthcare Threatens to Fundamentally Alter the Merger Industry, 73 Miss. L.J. 983

19 Am.Jur.2d *Corporations* § 2608 et seq.

6A Am.Jur. Legal Forms 2d *Corporations* §§ 74:2191 et seq.

7A Am.Jur. Pl. & Pr. Forms (Rev.) *Corporations Forms* 401 et seq.

20 Am.Jur. Proof of Facts 2d, 609 De Facto Merger of Two Corporations

19 C.J.S. *Corporations* § 1617 et seq.

§ 1-11. Written Consent of the Shareholders and Directors.

ANNOTATIONS

Miss. Code Ann. § 79-4-7.04, § 79-4-8.21

J. Jackson & M. Miller, ENCYCLOPEDIA OF MISSISSIPPI LAW, §§ 22:85 – 22:120 (2001)

18A Am.Jur.2d *Corporations* § 950

18B Am.Jur.2d *Corporations* §§ 1446-1450

6 Am.Jur. Legal Forms 2d *Corporations* §§ 74:1073, 74:1077, 74:1078

18 C.J.S. *Corporations* § 539

19 C.J.S. *Corporations* § 745

§ 1-12. Survivor Corporation, Inc. — Resolutions of the Shareholders and Board of Directors.

ANNOTATIONS

Miss. Code Ann. § 79-4-11.04

19 Am.Jur.2d *Corporations* §§ 2612, 2617, 2618

19 C.J.S. *Corporations* § 794

§ 1-13. Letter of Intent.

ANNOTATIONS

Miss. Code Ann. § 79-4-12.02

18B Am.Jur.2d *Corporations* § 2083

19 C.J.S. *Corporations* § 798

§ 1-14. Stock Purchase Agreement.

ANNOTATIONS

Miss. Code Ann. § 79-4-6.20 through 79-4-6.28

Kate Margolis, Binding Shareholder Bylaw Amendments: An Antidote for the Poison Pill?, 67 Miss. L.J. 817

18A Am.Jur.2d *Corporations* § 749

19 C.J.S. *Corporations* § 804

§ 1-15. Bill of Sale.

ANNOTATIONS

67 Am.Jur.2d *Sales* § 108

77A C.J.S. *Sales* § 153

§ 1-16. Stock Exchange Agreement.

ANNOTATIONS

Section 351 of the Internal Revenue Code, 26 U.S.C. § 351.

18A Am.Jur.2d *Corporations* §§ 681-727

47A C.J.S. *Internal Revenue* § 329, § 333, § 348, § 358

§ 1-17. Asset Purchase Agreement.

ANNOTATIONS

Miss. Code Ann. § 79-4-12.02

18B Am.Jur.2d *Corporations* § 2083

19 C.J.S. *Corporations* § 798

Part 4. Changes and Dissolution.

§ 1-18. Plan of Complete Liquidation and Dissolution.

ANNOTATIONS

Miss. Code Ann. §§ 79-4-14.01 et seq.

19 Am.Jur.2d *Corporations* §§ 2733, 2920

19 C.J.S. *Corporations* §§ 811-882

Part 5. Limited Liability Companies.

§§ 1-19 through 1-22. Limited Liability Company Operating Agreement.

Note: In 2010, the Legislature passed legislation that repealed the Mississippi Limited Liability Company Act and enacted the Revised Mississippi Limited Liability Company Act, effective January 1, 2011 (Chapter 532, Laws of 2010). Both Acts were codified in Chapter 29 of Title 79.

Among other things, the Mississippi Limited Liability Company Act compiled provisions contained in sections of the former Act that set forth the things that must be in a written operating agreement to be enforceable and the provisions in the former Act that could not be varied by the LLC, and added new provisions relating to the construction and application of the operating agreement and general standards of conduct into one single new section, Section 79-29-123.

Under the former Mississippi Limited Liability Company Act

ANNOTATIONS

Miss. Code Ann. § 79-29-306 [Repealed by Section 3 of Chapter 532, Laws of 2010, effective January 1, 2011]

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, § 70:69 (2001)

James A. McCullough, II and L. Bradley Dillard, *The Mississippi Limited Liability Company: A New Choice for Mississippi*, 64 Miss. L.J. 117

Jeffrey A. Mannisto, *Mississippi Limited Liability Companies: Potential Exposure Under Federal and State Securities Laws*, 64 Miss. L.J. 173

Construction And Application Of Limited Liability Company Acts, 79 A.L.R.5th 689

59A Am.Jur.2d *Partnership* §§ 1279-1291

68 C.J.S. *Partnership* §§ 402-441

§ 1-23. Professional Limited Liability Company Operating Agreement.

Note: In 2010, the Legislature passed legislation that repealed the Mississippi Limited Liability Company Act and enacted the Revised Mississippi Limited Liability Company Act, effective January 1, 2011 (Chapter 532, Laws of 2010). Both Acts were codified in Chapter 29 of Title 79.

Under the former Mississippi Limited Liability Company Act**ANNOTATIONS**

Miss. Code Ann. § 79-29-306 [Repealed by Section 3 of Chapter 532, Laws of 2010, effective January 1, 2011. See now § 79-29-123]; § 79-29-901 [Repealed by Section 3 of Chapter 532, Laws of 2010, effective January 1, 2011. See now § 79-29-901 et seq.]

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW* § 49:47 (2001)

James A. McCullough, II and L. Bradley Dillard, *The Mississippi Limited Liability Company: A New Choice for Mississippi*, 64 Miss. L.J. 117

Jeffrey A. Mannisto, *Mississippi Limited Liability Companies: Potential Exposure Under Federal and State Securities Laws*, 64 Miss. L.J. 173

Construction And Application Of Limited Liability Company Acts, 79 A.L.R.5th 689

18 Am.Jur.2d *Corporations* § 1 et seq.

18 C.J.S. *Corporations* § 1 et seq.

Part 6. Secretary of State Corporate Forms.**§ 1-24. Articles of Incorporation — Form F0001.**

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



DELBERT HOSEMAN
Secretary of State

Articles of Incorporation

11 F0001

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P O BOX 1020, JACKSON, MS 39215-1020 (601)359-1633

1. Type of corporation: Profit ☐ Nonprofit ☐ Email: _____

2. Name of the corporation:

3. The future effective date is (complete if applicable)

4. **FOR NONPROFITS ONLY:** The period of duration is years or ☐ perpetual

The initial planned nonprofit activity

5. **FOR PROFITS ONLY:** The number (and classes) if any of shares the corporation is authorized to issue is/are as follows:

Classes	Number of shares authorized	If more than (1) class of shares is Authorized, the preferences, limitations and Relative rights of each class are as follows:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	

FOR ALL:

6. Name and street address of the Registered Agent and office:

Name:

Physical address:

P.O. Box (if one):

City, State, Zip:

Please make the \$50 check for the filing fee payable to the MISSISSIPPI SECRETARY OF STATE. Mail the completed form with payment to SECRETARY OF STATE, PO BOX 1020, JACKSON, MS 39215-1020. For assistance contact a customer service representative at (601) 359-1633 or visit our website at www.sos.ms.gov for forms and instructions.



Page 2 of 2

11 F0001

DELBERT HOSEMAN
Secretary of State
Articles of Incorporation

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P O BOX 1020, JACKSON, MS 39215-1020 (601)359-1633

7. The name and complete address of each incorporator:

Name:

Street:

City, State, Zip:

Name:

Street:

City, State, Zip:

Name:

Street:

City, State, Zip:

Name:

Street:

City, State, Zip:

8. Other provisions: ☐ see attached

9. Incorporators' signatures (please keep writing within blocks):

Please make the \$50 check for the filing fee payable to the MISSISSIPPI SECRETARY OF STATE. Mail the completed form with payment to SECRETARY OF STATE, PO BOX 1020, JACKSON, MS 39215-1020. For assistance contact a customer service representative at (601) 359-1633 or visit our website at www.sos.ms.gov for forms and instructions.

§ 1-25. Application for Certificate of Authority — Form F0002.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

11 F0002 - Page 1 of 3

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633
Application for Certificate of Authority

The undersigned corporation, pursuant to Section 79-4-15.03 (if a profit corporation) or Section 79-11-367 (if a nonprofit corporation) of the Mississippi Code of 1972, hereby executes the following document and sets forth:

1. Type of Corporation Business Email Address _____

⇒ ☐ Profit ☐ Nonprofit

2. Name of the Corporation

⇒

3. The future effective date is
(Complete if applicable)

4. Its state or country of incorporation is

⇒

5. Street Address of the corporation's principal office

⇒

⇒ City, State, ZIP5, ZIP4

6. Date of incorporation **Period of duration**

7. Name, Street and Mailing Address of the Registered Agent in Mississippi and Registered Office are

⇒ Name

⇒ Physical Address

⇒ P.O. Box

⇒ City, State, ZIP5, ZIP4 MS

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633
Application for Certificate of Authority

8. Officers

	Name	Title
⇒	<div></div>	<div></div>
⇒	Business Address	<div></div>
⇒	City, State, ZIP5, ZIP4	<div></div> <div></div> <div></div>

	Name	Title
⇒	<div></div>	<div></div>
⇒	Business Address	<div></div>
⇒	City, State, ZIP5, ZIP4	<div></div> <div></div> <div></div>

	Name	Title
⇒	<div></div>	<div></div>
⇒	Business Address	<div></div>
⇒	City, State, ZIP5, ZIP4	<div></div> <div></div> <div></div>

9. Directors

	Name	Title
⇒	<div></div>	<div></div>
⇒	Business Address	<div></div>
⇒	City, State, ZIP5, ZIP4	<div></div> <div></div> <div></div>

Name	Title
------	-------

11 F0002 - Page 3 of 3

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633
Application for Certificate of Authority

⇒

⇒

Business Address

⇒

City, State, ZIP5, ZIP4

Name

Title

⇒

⇒

Business Address

⇒

City, State, ZIP5, ZIP4

10. FOR NONPROFIT ONLY (Check appropriate box)

The corporation ☐ has members ☐ has no members.

11. Name elected to use in Mississippi is

⇒

By:

Signature

(Please keep writing within blocks)

Name

Printed

Title

§ 1-27. Application for Appointment of Registered Agent — Form F0009.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



11 F0009

DELBERT HOSEMAN
Secretary of State

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633

Application for Appointment of Registered Agent

1. Name of the Company Business email address _____

2. It was organized under the laws of the state or other jurisdiction of

3. Name and Street Address of the Registered Agent and Registered Office are

Name

Physical Address

P.O. Box

City, State, ZIP5, ZIP4

4. ☐ The undersigned certifies that: 1) he/she has notified the above-named registered agent of this appointment; 2) he/she has provided the agent an address for the company, and; 3) the agent has agreed to serve as registered agent for this company.

By: Signature(Please keep writing within blocks)

Printed NameTitle

Mail completed form along with the \$25 fee to SECRETARY OF STATE, PO BOX 136, JACKSON, MS 39205-0136. For assistance contact a customer service representative at (800) 256-3494. Visit our website at www.sos.ms.gov for forms and instructions.
Rev. 2012

§ 1-28. Registered Agent/Office Statement of Change — Form F0010.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



DELBERT HOSEMANN
Secretary of State

11 F0010

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P O BOX 136, JACKSON, MS 39205-0136 (601)359-1633

Registered Agent/Office Statement of Change

1. Company Name

- ☐ corporation ☐ nonprofit ☐ limited liability company ☐ limited partnership
☐ limited liability partnership ☐ foreign business trust
☐ domestic ☐ foreign

2. Name of the Current Registered Agent and Registered Office (as on file with the Secretary of State)

Name

3. New Registered Agent's Name and Registered Office

Name

Physical
Address

P.O. Box

City, State, Zip5, Zip4

4. ☐ The undersigned certifies that: 1) he/she has notified the above-named registered agent of this appointment; 2) he/she has provided the agent an address for the company, and; 3) the agent has agreed to serve as registered agent for this company.

By: Signature

Printed name

Title

Mail completed form with the \$10 fee to SECRETARY OF STATE, PO BOX 136, JACKSON, MS 39205-0136. For assistance contact a customer service representative at (800) 256-3494. Visit our website at www.sos.ms.gov for forms and instructions.

§ 1-29. Articles of Correction — Form F0011.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

11 F0011 - Page 1 of 2

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633
Articles of Correction

The undersigned, pursuant to Section 79-4-1.24 (if a profit corporation) or Section 79-11-113 (if a nonprofit corporation) of the Mississippi Code of 1972, hereby executes the following document and sets forth:

1. Type of Corporation Business Email Address _____

☐ Profit

☐ Nonprofit

2. Name of the Corporation

3. Mark the appropriate box

☐

The document to be corrected is

which became effective on

(date)

☐

A copy of the document to be corrected is attached

4. The aforementioned articles contain the following incorrect statement

EITHER

5a. The reason such statement is incorrect is

OR

5b. The manner in which the execution of such document was defective was

⇒

⇒

⇒

⇒

6. The correction is as follows

⇒

⇒

⇒

⇒

⇒

This certificate of correction shall become effective on the

day of

AD.

(year)

By: Signature (Please keep writing within blocks)

Printed Name

Title

**§ 1-40.5. Application to Register or Renew Trade and Service Marks —
Form 0023.**

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

11 F0023—Page 1 of 4

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P. O. BOX 136, JACKSON, MS 39205-0136
601-359-1633
Application to Register or Renew Trade and Service Marks

Please refer to on-line instructions while completing this form.

1. Please indicate below the type of registration desired (See instructions for definitions)

☐ Trademark

☐ Original

Mississippi Registration Number

☐ Service Mark

☐ Renewal

For Renewals Only

2. Name of owner (person, corporation or other entity) applying for registration

3. Business address of applicant

Telephone (area code first)

Mailing Address

City

State

ZIP Code

Business Email Address:

4. Applicant is a(n)

☐ Corporation

☐ Individual

☐ Partnership

☐ Limited Partnership

☐ Limited Liability Company

☐ Limited Liability Partnership

☐ Other

State or country of owner

For Foreign Corporation, Partnership, Limited Liability Company, Limited Liability Partnership or Other

5. If partnership or other entity, list names and business addresses of general partners, owners and/or managers:

Name and address

Title

Name and address

Title

Name and address

Title

F0023—Page 2 of 4

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P. O. BOX 136, JACKSON, MS 39205-0136
601-359-1333
Application to Register or Renew Trade and Service Marks

6. The goods or services with which the mark is used are:

7. Classification (Use two digit classification number from instructions.)
(Submit a separate application and fee for each classification requested.)

8. State how the mark is being used.

9. Date mark was first used anywhere:

MM/DD/YYYY

First used in Mississippi:

MM/DD/YYYY

10. Has the applicant (or predecessor in interest? filed an application to register in the U. S. Patent and Trademark Office covering an area including this state?

Yes

No

If yes, please provide:

Serial Number

Filing

Application Status

Application Refused?

Yes

No

Reasons:

F0023—Page 3 of 4

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P. O. BOX 136, JACKSON, MS 39205-0136
601-359-1333
Application to Register or Renew Trade and Service Marks

11. Describe in detail, using words, the mark as you want it registered.

12. Attach three 3 specimens or facsimiles of the mark in use.

13. Consent (if applicable). SEE INSTRUCTIONS. If another person or company currently owns this mark, give name and address of owner of existing mark and attach hereto letter of consent.

14. I, the owner of the mark, a member of the firm or an officer of the corporation or association applying, attest that the mark is in use, and that to my knowledge, no other person has registered, either Federally or in this state, or has the right to use such mark, except as provided for in item 13 above, either in the identical form or in such near resemblance thereto as to be like, when applied to the goods or services of such person to cause confusion, or cause mistake or to deceive.

Name and Title (Please print name.)

Signature (Please keep writing within block.)

F0023—Page 4 of 4

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P. O. BOX 136, JACKSON, MS 39205-0136
601-359-1333

Application to Register or Renew Trade and Service Marks

ACKNOWLEDGMENT

State of

County of

I,

being first duly sworn, depose and say that I am

of

Title

Company/Applicant

the applicant herein, and that I make this affidavit and verification subject to the perjury laws on

the behalf of

and have the authority to make this

Company/Applicant

affidavit and I have read the above and foregoing application and know the contents thereof, and the facts set herein are true.

I, further depose and say that the three specimens filed herein are true and correct.

Signature of Applicant

Sworn to and subscribed before me this

day of

Notary

Seal

Notary

Signature



My commission expires

F0023

§ 1-40.6 Trade and Service Mark Assignment — Form F0024.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

F0024 - Page 1 of 2

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633
Trade and Service Mark Assignment

⇩

1. Registration number

⇩

2. The mark to be assigned is

⇩

3. ASSIGNOR:

Name

⇩

⇩

Indicate if Assignor is a corporation or other entity and the State of incorporation or organization:

Incorporated

State

⇩

Organized

State

⇩

4. ASSIGNEE:

Name

⇩

⇩

Indicate if Assignee is a corporation or other entity and the State of incorporation or organization:

Incorporated

State

⇩

Organized

State

Address

City, State, ZIP5, ZIP4

-

⇩

5. All right, title and interest in and to said mark, together with the good will of business in which the mark is used (or that part of the good will of the business connected with the use of the mark) is hereby assigned by

⇩

(the Assignor) to

⇩

(the Assignee).

F0024 - Page 2 of 2

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633
Trade and Service Mark Assignment

By: Signature of Assignor

(Please keep writing within blocks)

Printed Name

Title

By: Signature of Assignee

(Please keep writing within blocks)

Printed Name

Title

ACKNOWLEDGMENT

⇒ State of

⇒ County of

⇒ Sworn to and subscribed before me this

day of

,

Notary Seal

Notary Signature

⇒ My commission expires

INSTRUCTIONS: The above assignment must be signed by both the Assignor and the Assignee. If either is a corporation or other entity, the name of the corporation or entity is to be inserted as Assignor or Assignee with the signature of the proper authorities. Please enclose Filing Fee of \$50.00 made payable to the Mississippi Secretary of State and mail it to P.O. Box 136 Jackson, Mississippi 39205-0136.

§ 1-42. Articles of Dissolution — Form F0028.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

F0028 - Page 1 of 2

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633
Articles of Dissolution
Nonprofit Corporation

The undersigned corporation pursuant to Section 79-11-337 of the Mississippi Code of 1972, hereby executes the following document and sets forth:

1. Name of Corporation Business email address _____

⇒

2. The future effective date is
(Complete if applicable)

3. The dissolution was authorized on

⇒

Date

⇒

The dissolution was approved by a sufficient vote of the members

OR

⇒

Approval of dissolution was not required by the members and dissolution was approved by sufficient vote

⇒

of the board of directors

incorporators. (Mark the appropriate boxes)

4. If approval by members was required,
(a) the designation, number of memberships outstanding, number of votes entitled to be cast by each class entitled to vote separately on dissolution and number of votes of each class indisputably voting on dissolution were

Designation	No. of outstanding memberships	No. of votes entitled to be cast	No. of votes indisputably voted on dissolution
⇒			
⇒			
⇒			

F0028 - Page 2 of 2

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633
Articles of Dissolution
Nonprofit Corporation

(b) EITHER

(i) the total number of votes cast for and against dissolution by each class entitled to vote separately on dissolution was

Voting class	Votes FOR dissolution	Votes AGAINST dissolution
⇒		
⇒		
⇒		

OR

(ii) the total number of undisputed votes cast for dissolution by each class was

Voting class	Total no. of undisputed votes cast FOR dissolution
⇒	
⇒	
⇒	

and the number of votes cast for dissolution by each voting class was sufficient for approval by that class.

By: Signature

(Please keep writing within blocks)

Printed Name

Title

§ 1-48. Statement of Resignation of Registered Agent — Form F0038.

This form, instructions for completing the form, and information about filing fees, can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136, toll-free (800) 256-3494, or on their website: <http://www.sos.ms.gov>.



DELBERT HOSEMANN
Secretary of State

11 F0038

OFFICE OF THE SECRETARY OF STATE
P O BOX 136, JACKSON, MS 39205-0136 (601)-359-1633

Statement of Resignation of Registered Agent

1. Type of Company

- ☐ corporation ☐ nonprofit ☐ limited liability company ☐ limited partnership
☐ limited liability partnership ☐ foreign business trust
☐ domestic ☐ foreign

2. Name of the Company

3. Name of the Registered Agent

4. ☐ The undersigned hereby resigns as registered agent for above company. The agency appointment is terminated, and the registered office discontinued if so provided, on the 31st day after the date on which the statement was filed. The undersigned further affirms that the company has been notified in writing of this resignation.

By: Signature _____

Printed Name _____

Title _____

There is no fee associated with this form. Mail completed form to SECRETARY OF STATE, PO BOX 136, JACKSON, MS 39205-0136. For assistance contact a customer service representative at (800) 256-3494. Visit our website at www.sos.ms.gov for forms and instructions.

§ 1-49.6A. Application for Foreign Business Trust — Form 0060.

This form, instructions for completing the form, and information about filing fees, can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136, toll-free (800) 256-3494, or on their website: <http://www.sos.ms.gov>.

F0060 - Page 1 of 3

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633
Application for Foreign Business Trust

*0060-1-
3*

The undersigned foreign business trust, pursuant to Section 79-16-11 of the Mississippi Code of 11972, as amended, hereby executes the following document and sets forth:

1. Name of Foreign Business Trust



2. Its state or country of incorporation is



3. Date of Declaration of trust

4. Period of duration

5. Address of the Principal office in the state or country under the laws of which it is organized.



City, State, Zip5, Zip4



-

6. Name, Street and Mailing Address of the Registered Agent and Registered Office are

Name



Physical Address



P. O. Box



City, State, Zip5, Zip4



-

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633
Application for Foreign Business Trust

*0060-2-
3*

7. Purpose or purposes which it proposes to pursue in the transaction of business

☐	
☐	
☐	
☐	

8. Names and addresses of the trustees are

☐	Name				
☐	Address				
☐	P. O. Box				
☐	City, State, ZIP5, ZIP4	<table><tr><td></td><td></td><td></td></tr></table>			
☐	Name				
☐	Address				
☐	P. O. Box				

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633
Application for Foreign Business Trust

*0060-3-
3*

City, State, Zip5, Zip4

9. Aggregate number of shares of beneficial interest authorized to issue and unit value in dollars to be received for issuance of shares

Shares of Beneficial Interest

Unit Value in Dollars per share

By: Signature

Printed Name

Title

By: Signature

Printed Name

§ 1-49.6B. Registered Agent/Office Statement of Change — Form 0062.

This form, instructions for completing the form, and information about filing fees, can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136, toll-free (800) 256-3494, or on their website: <http://www.sos.ms.gov>.

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633
Registered Agent/Office Statement of Change

0062-1-1*

1. Foreign Business Trust Name

⇒

2. Name and Street Address of the Registered Agent and Registered Office (as on file with the Secretary of State)

⇒

Name

⇒

Physical Address

⇒

P. O. Box

⇒

City, State, Zip5, Zip4

3. New Registered Agent's Name and Registered Office

⇒

Name

⇒

Physical Address

⇒

P.O. Box

⇒

City, State, ZIP5, ZIP4

-

4. The address of the registered office and address of the business office of the registered agent, as changed will be identical.

5. The change of registered agent and/or office was authorized by resolution duly adopted by its trustees.
By: Signature

Printed Name

Title

§ 1-49.6C. Certificate of Correction (Amendment) of Foreign Business Trust — Form 0063.

This form, instructions for completing the form, and information about filing fees, can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136, toll-free (800) 256-3494, or on their website: <http://www.sos.ms.gov>.

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633
Certificate of Correction (Amendment)
of Foreign Business Trust

0063-1-1

The undersigned, pursuant to Section 79-16-15 of the Mississippi Code of 1972, as amended, hereby executes the following Certificate of Correction (Amendment) and sets forth:

1. Foreign Business Trust Name

⇒

2. The Correction (amendment) to the Application for Certificate of Authority is as follows

⇒

⇒

⇒

⇒

⇒

⇒

By: Signature

Printed Name

Title

§ 1-49.6D. Application for Certificate of Withdrawal of a Foreign Business Trust — Form 0064.

This form, instructions for completing the form, and information about filing fees, can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136, toll-free (800) 256-3494, or on their website: <http://www.sos.ms.gov>.

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633
Application for Certificate of Withdrawal
of a Foreign Business Trust

1. Name of Foreign Business Trust

↴

2. Its state or country of organization is

↴

3. The foreign business trust is not transacting business in Mississippi and hereby surrenders its authority to transact business in Mississippi
4. The foreign business trust revokes the authority of its registered agent in Mississippi to accept service on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based upon any cause of action arising during the time it was authorized to transact business in the State of Mississippi
5. The post office address to which the Secretary of State may mail a copy of any process against the business trust that may be served on him/her is;

↴

P. O. Box

↴

City, State, Zip4, Zip5

-

6. The Business trust hereby makes a commitment to notify the Secretary of State in the future of any changes in the mailing address given above.

Signature

Printed Name

Title

§ 1-49.7A. Fictitious Business Name Registration — Form F0070.

This form, instructions for completing the form, and information about filing fees, can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136, toll-free (800) 256-3494, or on their website: <http://www.sos.ms.gov>.

Mississippi Secretary of State
Fictitious Business Name Registration
Miss Code Ann. §75-93-1 et seq.

FOR OFFICE USE ONLY

11 F0070

Original Application ☐ or Renewal ☐

Applicant's Legal Name (corporate, LLC, partnership, individual etc.):

Applicant's address:

MS business ID number (if any):

Business email:

State of Organization:

Non-Mississippi businesses must indicate name of state or nation of organization and attach a copy of the business's certificate of authority to transact business in Mississippi:

The applicant is a foreign entity:

☐ No☐ Yes; Certificate of authority is attached with this application.

Fictitious/Business Name:

Street address(es) of business using name:

NAICS Code / Nature of Business:

The Applicant, through its undersigned authorized representative, is familiar with the provisions of Mississippi Code Annotated §25-93-1 et seq. and understands that filing this form creates no exclusive rights in or to the fictitious/business name which is the subject of this application. Signed this day of 20.

Signature

Printed Name

Title

Make Check for \$25.00 payable to SECRETARY OF STATE. Mail completed form with payment to SECRETARY OF STATE, PO BOX 136, JACKSON, MS 39205-0136. For assistance contact a customer service representative at (800) 256-3494. Visit our website at www.sos.ms.gov for forms and instructions.

F0050 7/1/2010

§ 1-49.7B. Fictitious Business Name Amendment—Form F0071

This form, instructions for completing the form, and information about filing fees, can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136, toll-free (800) 256-3494, or on their website: <http://www.sos.ms.gov>.

11 F0071

Mississippi Secretary of State
P.O. Box 136, Jackson, MS 39205-0136
Fictitious Business Name Amendment
Miss. Code Ann. § 25-93-1 et seq.

FOR OFFICE USE ONLY

Legal Name (corporate , LLC, partnership, individual etc.) :

Address:

MS business ID number (if any):

Business email:

Current Registered Business Name:

Street address(es) of business using name:

Amended Business Name:

NAICS Code / Nature of Business:

The Applicant, through its undersigned authorized representative, is familiar with the provisions of Mississippi Code Annotated §25-93-1 et seq. and understands that filing this form creates no exclusive rights in or to the fictitious/Business name which is the subject of this application. Signed this day of , 20 .

Signature

Printed Name

Title

Make Check for \$25.00 payable to SECRETARY OF STATE. Mail completed form with payment to SECRETARY OF STATE, PO BOX 136, JACKSON, MS 39205-0136. For assistance contact a customer service representative at (800) 256-3494. Visit our website at www.sos.ms.gov for forms and instructions.

F0071 7/1/2010

§ 1-49.7C. Withdrawal of Fictitious Business Name—Form F0072.

This form, instructions for completing the form, and information about filing fees, can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136, toll-free (800) 256-3494, or on their website: <http://www.sos.ms.gov>.

11 F0072

Mississippi Secretary of State

P.O. Box 136, Jackson, MS 39205-0136

FOR OFFICE USE ONLY

Withdrawal of Fictitious Business Name

Miss. Code Ann. § 25-93-1 et seq.

Legal Name (corporate , LLC, partnership, individual etc.):

Address:

MS business ID number (if any):

Fictitious business name currently in use:

Street address(es) of business using name:

Future effective date of withdrawal of fictitious business name registration (if applicable):

The entity making this withdrawal of fictitious business name registration, through its undersigned authorized representative, states that it is withdrawing its use of the fictitious business name(s) listed above and will no longer transact business in the State of Mississippi under that fictitious business name. The entity also acknowledges that its fictitious business name registration will no longer be affective upon filing of this statement of withdrawal or upon the future date as noted on this form.

Signed this day of , 20.

Signature

Printed Name

Title

Make Check for \$25.00 payable to SECRETARY OF STATE. Mail completed form with payment to SECRETARY OF STATE, PO BOX 136, JACKSON, MS 39205-0136. For assistance contact a customer service representative at (800) 256-3494. Visit our website at www.sos.ms.gov for forms and instructions.

§ 1-49.7D. Fictitious Business Name Assignment—Form F0073.

This form, instructions for completing the form, and information about filing fees, can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136, toll-free (800) 256-3494, or on their website: <http://www.sos.ms.gov>.

FOR OFFICE USE ONLY

11 F0073

Mississippi Secretary of State
P. O. Box 136, Jackson, MS 39205-0136
Fictitious Business Name Assignment
Miss Code Ann. §25-93-1 et seq.

The name to be assigned is:

Assignor Name:

Assignee Name:

Address:

City, State, ZIP 5, ZIP 4

Assignee MS business ID number (if any):

Business email:

State of Organization

The assignee is a foreign entity: ☐ No ☐ Yes; certificate of authority is attached with this application

Non-Mississippi businesses must indicate name of state or nation of organization and attach a copy of the businesses certificate to transact business in Mississippi.

Street address(es) of business using name:

NAICS code/nature of business:

Any right, title, and interest in and to said fictitious business name together with the good will of business in which the name is used (or that part of the good will of the business connected with the use of the name) is here by assigned by to:

(the Assignee)

By:

(the Assignor)

Signed this

day of

20

Assignor Signature

Printed Name

Title

Make check for \$25.00 payable to SECRETARY OF STATE. Mail completed form with payment to SECRETARY OF STATE, P.O. BOX 136, JACKSON, MS 39205-0136. For assistance contact a customer service representative at (800)256-3494. Visit our website at www.sos.ms.gov.

F0073 7/1/2010

§ 1-49.8. Nonprofit Status Report—Form F0088.

This form, instructions for completing the form, and information about filing fees, can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136, toll-free (800) 256-3494, or on their website: <http://www.sos.ms.gov>.

11 F0088

Page 1 of 2

OFFICE OF THE SECRETARY OF STATE
P O BOX 136, JACKSON, MS 39205-0136
(601)359-1633

Nonprofit Status Report

1. Business ID number

2. Business Email

3. Tax ID number

4. Phone Number

5. Name and Address of the Nonprofit Corporation

Address of Principal Office

Mailing Address (if different)

State/Country of the Nonprofit

d/b/a/ Name (if applicable)

6. Name and Address of Registered Agent

Physical Address of Agent

Mailing Address (if different)

Registered Agent Email

7. Name and Address of Director/Officers

attach sheet for additional officers/directors.

Director/Officer #1

Director/Officer #2

Director/Officer #3

11 F0088

Page 2 of 2

**OFFICE OF THE SECRETARY OF STATE
P O BOX 136, JACKSON, MS 39205-0136
(601)359-1633**

Nonprofit Status Report

8. Does this Nonprofit Corporation have Members? Yes ☐ No ☐

9. State the activities of the Nonprofit Corporation

Is this nonprofit corporation approved by the IRS under section 501(C)(3)? Yes ☐ No ☐

If yes, state the nonprofit purpose listed on the 501(C)(3) application.

Does this nonprofit corporation solicit contributions? Yes ☐ No ☐ If "yes" please visit our website to determine if you must file additional forms with the Securities & Charities Division

This report has been examined by me and to the best of my knowledge and belief, is true, correct, complete and current as of this day of , 20.

Print Name _____ Title _____

Signature _____

Make check for \$25.00 payable to the SECRETARY OF STATE. Mail completed form with payments to SECRETARY OF STATE, P O BOX 1020, JACKSON, MS 39205-1020. For assistance contact a customer service representative at (800) 256-3494 or 601-359-1633 or visit our website at www.sos.ms.gov

§ 1-50. Application for Registration or Renewal of Athlete Agent — Form F0091.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



11 F0091

DELBERT HOSEMANN
Secretary of State

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
Post Office Box 136, Jackson, MS 39205-0136
(601)359-9055

Application for Registration or Renewal of Athlete Agent

A Certificate of Registration or a renewal of a registration of an Athlete Agent is valid for two (2) years. Pursuant to Section 73-42-9 of the Miss. Code Ann. (1972), as amended, the undersigned hereby submits the following Application for Registration.

New Application ☐ Renewal ☐ Phone Number: _____

A. Name and address of applicant: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Website address: _____

B Name and address of the applicant's business or employer, if applicable:

C. Please state the business or occupation engaged in by the applicant for the five (5) years preceding the date of submission of the application, including the name and address of such business (es):

D. Please provide a description of the applicant's:
(a) Formal training as an athlete agent:

(b) Practical experience as an athlete agent:

(c) Educational background relating to applicant's activities as an athlete agent.

E. Please provide as references the names and addresses of three (3) individuals not related to the applicant:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

F. Please provide the name, sport, and last known team for each individual for whom the applicant provided services as an athlete agent during the five (5) years preceding the date of submission of the application.

Name and sport: _____

Last known team: _____

Name and sport: _____

Last known team: _____

Name and sport: _____

Last known team: _____

(If additional space is needed, please attach a list to this application.)

G. (a) If the Athlete Agent's business is a corporation or LLC, please provide names and addresses for all officers, directors, and any shareholders or members of the corporation or LLC with a 5% or greater interest:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

(If additional space is needed, please attach a list to this application.)

G. (b) If the athlete agent's business is NOT a corporation or LLC, please produce names and addresses of all partners, individuals, associates, officers:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

(If additional space is needed, please attach a list to this application.)

H. Has the applicant or any other person named pursuant to paragraph G above ever been convicted of a crime that, if committed in this state, would be a felony or other crime involving moral turpitude? A crime (misdemeanor or felony) involving moral turpitude is one in which deceit is an element of the crime.

Yes ☐ No ☐

If yes, please state the name of that individual and identify the crime.

Name: _____

Identity of the crime: _____

I. Has there ever been any administrative or judicial determination that applicant or any other person named in paragraph G made a false or misleading, deceptive, or fraudulent representation?

Yes ☐

No ☐

If yes, explain:

J. Has the conduct of applicant or any other person named in paragraph G resulted in the imposition of sanction, suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student athlete or on an educational institution?

Yes ☐

No ☐

If yes, explain:

K. Have sanctions, suspension or disciplinary action ever been taken against the applicant or any other person named pursuant to paragraph G arising out of occupational or professional conduct?

Yes ☐

No ☐

If yes, explain:

L. Has there ever been a denial, refusal to renew, suspension, revocation, or cancellation of a registration, licensure or certification of the applicant/registrant or any other person named in

paragraph G as an Athlete Agent by any state, or sanction, suspension, or other disciplinary action imposed by any occupational or professional association?

Yes ☐ No ☐

M. Is there any pending litigation against the applicant in regard to the applicant's capacity as an Athlete Agent? Include administrative actions by state administrative bodies, judicial civil actions, and actions by professional and occupational organizations (i.e., NFLPA disciplinary actions).

Yes ☐ No ☐

If yes, please provide the name of the case, case number, jurisdiction, and brief explanation of the facts.

N. Please list all of the states in which the applicant is currently licensed or registered as an Athlete Agent and provide a copy of each state's license, registration, or certification as applicable.

O. By signing this application, the applicant consents to submit to a criminal background check before being issued a Certificate of Registration. A background check will be conducted at the discretion of the Mississippi Secretary of State on an as needed basis to verify information disclosed or withheld on this application. The applicant further agrees that the applicant will pay any fees connected with said background check, if requested by the SOS, prior to the issuance of the Certificate of Registration.

P. The applicant acknowledges that all registered Athlete Agents in the State of Mississippi must notify the Secretary of State within 30 days whenever the information contained in this application changes in a material way, becomes inaccurate or incomplete in any respect. Such events requiring notice shall include, but are not limited to, the following:

- a) Change in address of the Athlete Agent's principal place of business;
- b) conviction of a felony or other crime involving moral turpitude by the Athlete Agent;
- c) denial, suspension, refusal to renew, or revocation of a registration, license, or
- d) certification of the Athlete Agent as an Athlete Agent in any state; any sanction,
- e) suspension, or other disciplinary action taken against the Athlete Agent arising out of occupational or professional conduct.

The applicant understands and acknowledges that failure to accurately report the information requested in this application may subject the applicant to criminal and civil penalties under Section 73-42-1 et seq., of the Miss Code Ann.

I _____ have read this Application for Registration or
(NAME)

Renewal of an Athlete Agent and the instructions and understand agree to all the terms and conditions therein. I further swear or affirm that the information provided in this application is true and correct as of the date submitted to the best of my knowledge.

By: Signature of
Applicant: _____

Printed name: _____ Title: _____

Acknowledgement

State: _____

County: _____

I, _____ (notary public), do hereby certify that on the
_____ day of _____ 20____, who being by me first duly sworn, personally
appeared before me declared that the statements herein contained are true and correct.

My Commission Expires:

Notary Public

Make Check for \$200.00 payable to the MISSISSIPPI SECRETARY OF STATE. Mail completed form with payment to SECRETARY OF STATE, PO BOX 136, JACKSON, MS 39205-0136. For assistance contact a customer service representative at (601) 359-9055 or visit our website at www.sos.ms.gov for forms and instructions.

§ 1-51. Mississippi LLC Certificate of Formation — Form 0100.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



DELBERT HOSEMAN
Secretary of State

OFFICE OF THE SECRETARY OF STATE
P O BOX 1020, JACKSON, MS 39215-1020 (601)359-1633

Mississippi LLC Certificate of Formation

The undersigned hereby executes the following document and sets forth:
(fields marked with an asterisks are required)

1. Name of the Limited Liability Company: (The name must include the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.")

⇒ * _____

2. The future effective date is _____ Business Email Address: _____
(Complete if Applicable)

3. Federal Tax ID if available (Do not put Social Security Number in the box)

⇒ _____

4. Name and Street Address of the Registered Agent and Registered Office is (must be in Mississippi)

⇒ *Name _____

⇒ *Physical Address _____

⇒ P.O. Box _____

*City _____ * State _____ * Zip5 – Zip4 _____

5. If the Limited Liability Company is to have a specific date of dissolution, the latest date upon which the Limited Liability Company is to dissolve is

⇒ _____

6. Other matters the managers or members elect to include: (Attach additional pages if necessary)

⇒ _____

⇒ _____

F0100

Page 2 of 2

OFFICE OF THE SECRETARY OF STATE
P O BOX 1020, JACKSON, MS 39215-1020
(601)359-1633

Certificate of Formation

7. Signatures: This certificate must be signed by at least one member, manager, or organizer. The name, title, and address of each signer should be included in the spaces indicated. This page may be duplicated for additional signatures.

* Printed Name _____ * Title _____

* By: Signature

(please keep writing within blocks)

Street and
Mailing Address

⇒ * Physical
Address _____

⇒ P. O. Box _____

⇒ * City _____ State _____ Zip5 – Zip4 _____

Printed Name _____ Title _____

By: Signature

(please keep writing within blocks)

Street and
Mailing Address

⇒ Physical
Address _____

⇒ P. O. Box _____

⇒ City _____ State _____ Zip5 – Zip4 _____

§ 1-54. Mississippi LLC Certificate of Dissolution — Form F0103.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

11 F0103
Page 1 of 2

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136
PHONE 601-359-1633 FAX 601-359-1499
Mississippi LLC Certificate of Dissolution

The undersigned pursuant to Mississippi Code Ann. §79-29-801 (1972) amended (2010), hereby executes the following Certificate of Dissolution and sets forth:

1. Name of Limited Liability Company

2. The reason for filing the Certificate of Dissolution

3. The future effective date of dissolution

4. Any other information the members or managers determine to include

By: Signature

(Please keep writing within box)

Printed Name

Title

Physical address

P O Box

City, State, Zip 5, Zip4

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Make Check for \$50.00 payable to SECRETARY OF STATE. Mail completed form with payment to SECRETARY OF STATE, PO BOX 136, JACKSON, MS 39205-0136. For assistance contact a customer service representative at (800) 256-3494. Visit our website at www.sos.ms.gov for forms and instructions.

11 F0103
Page 2 of 2

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136
PHONE 601-359-1633 FAX 601-359-1499
Mississippi LLC Certificate of Dissolution

By: Signature (Please keep writing within box)

Printed Name

Title

Physical Address

P.O. Box

City, State, Zip5, Zip4

Make Check for \$50.00 payable to SECRETARY OF STATE. Mail completed form with payment to SECRETARY OF STATE, PO BOX 136, JACKSON, MS 39205-0136. For assistance contact a customer service representative at (800) 256-3494. Visit our website at www.sos.ms.gov for forms and instructions.

§ 1-54.1A. Application for Reinstatement of LLC Following Administrative Dissolution — Form F0109.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



DELBERT HOSEMAN
Secretary of State

11 F0109

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P O BOX 1020, JACKSON, MS 39215-1020 (601)359-1633

**Application for Reinstatement of LLC
Following Administrative Dissolution
§ 79-29-825 Miss Code Ann (1972) as Amended**

This application is submitted to the Office of Secretary of State of Mississippi for Reinstatement.

1. Name of Limited Liability Company

2. Business ID number

3. Date of Administrative Dissolution

4. The grounds for Dissolution ☐ did not exist or ☐ have been eliminated.

This application must be executed in the name of the LLC by an authorized person.

By: Signature

(Please keep writing in blocks)

Printed name

Title

Filing fee \$50.00

Make Check for \$50.00 payable to the MISSISSIPPI SECRETARY OF STATE. Mail completed form with payment to SECRETARY OF STATE, PO BOX 1020, JACKSON, MS 39215-1020. For assistance, contact a customer service representative at (800) 256-3494 or visit our website at www.sos.ms.gov for forms and instructions.

LLC Reinstatement F0109
12/5/2011

§ 1-59. Certificate of change of Address of Registered Agent — Form F0122

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

11 F0122



DELBERT HOSEMANN
Secretary of State

OFFICE OF THE SECRETARY OF STATE
P O BOX 136, JACKSON, MS 39205-0136 601-359-1633

Certificate of Change of Address of Registered Agent

Name of Registered Agent

1. Name of Company represented by the Registered Agent

2. The street address at which the Registered Agent has maintained an office for each company.

City State Zip

3. The new street address the Registered Agent will maintain for each company.

City State Zip

By: Signature of Registered Agent

Printed name

Mail completed form with the fee of \$10 to SECRETARY OF STATE, PO BOX 136, JACKSON, MS 39205-0136. For assistance contact a customer service representative at (800) 256-3494. Visit our website at www.sos.ms.gov for forms and instructions.

§ 1-61. Application for Registration of Foreign Limited Liability Company — Form F0200.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633
Application for Registration
of Foreign Limited Liability Company

Pursuant to the provisions of House Bill No. 524, Chapter 362, Laws of 1995, the undersigned Limited Liability Company applies for registration to transact business as follows:

1. Name of Limited Liability Company Business Email Address _____

⇒

2. Organized under laws of the jurisdiction or state of Date Organized

⇒

3. Address of the office required to be maintained in the state or jurisdiction of organization by the laws of that state or jurisdiction or, if not required, the address of the principal office of the Limited Liability Company

⇒

Address

⇒

City, State, ZIP5, ZIP4

4. If the Limited Liability Company is to have a specific date of dissolution, the latest date upon which this Limited Liability Company is to dissolve

⇒

5. Name and Street Address of the Registered Agent and Registered Office in Mississippi

⇒

Name

⇒

Address

⇒

City, State, ZIP5, ZIP4

6. Telephone No. of the Registered Agent

⇒

7. The Secretary of State is appointed the Registered Agent of this limited liability company for services of process if the Registered Agent's authority has been revoked or if the Registered Agent cannot be found or served with the exercise of responsible diligence.

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633
Application for Registration
of Foreign Limited Liability Company

8. Is management of the Limited Liability Company vested in a manager or managers?

⇒

Yes

No

9. Any restrictions or limitations are as follows

⇒

⇒

⇒

⇒

⇒

⇒

10. Other matters the Foreign Limited Liability Company determines to include

⇒

⇒

⇒

⇒

⇒

⇒

§ 1-63.1A. Application for Reinstatement of LLC Following Administrative Revocation — Form F0209.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



DELBERT HOSEMAN
Secretary of State

11 F0209

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P O BOX 1020, JACKSON, MS 39215-1020 (601)359-1633

Application for Reinstatement of LLC
Following Administrative Revocation
§ 79-29-825 Miss Code Ann (1972) as Amended

This application is submitted to the Office of Secretary of State of Mississippi for Reinstatement.

- 1. Name of Limited Liability Company
- 2. Business ID number
- 3. Date of Administrative Revocation
- 4. The grounds for Revocation ☐ did not exist or ☐ have been eliminated.

This application must be executed in the name of the LLC by an authorized person.
By: Signature (Please keep writing in blocks)

Printed name

Title

Filing fee \$100.00

Make Check for \$100.00 payable to the MISSISSIPPI SECRETARY OF STATE. Mail completed form with payment to SECRETARY OF STATE, PO BOX 1020, JACKSON, MS 39215-1020. For assistance, contact a customer service representative at (800) 256-3494 or visit our website at www.sos.ms.gov for forms and instructions.

LLC Reinstatement F0209
12/5/2011

**§ 1-64. Application for Registration of Foreign Limited Partnership —
Form F0300.**

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633
Application for Registration of
Foreign Limited Partnership

Pursuant to the provisions of Section 79-14-902 of the Mississippi Code of 1972, as amended, the undersigned Limited Partnership applies for Registration to transact business as follows:

1. Name of Limited Partnership Business Email Address _____

⇒

2. Formed under laws of the jurisdiction or state of Date Formed

⇒

3. Street Address of the Office required in the state or country under the laws in which it was organized (complete if applicable)

⇒

Address

⇒

City, State, ZIP5, ZIP4

4. Street Address of the Principal Office in the state or country under the laws in the state in which it was organized (complete if office address is not required)

⇒

Address

⇒

City, State, ZIP5, ZIP4

5. Name, Street and Mailing Address of the Registered Agent in Mississippi

⇒

Name

⇒

Physical Address

⇒

P.O. Box

⇒

City, State, ZIP5, ZIP4

MS

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633
Application for Registration of
Foreign Limited Partnership

6. A list of the names and addresses of the limited partners and their contributions, together with an undertaking by the foreign limited partnership to keep those records until the foreign limited partnership's registration in this state is cancelled, is kept at

⇒ Address

⇒ City, State, ZIP5, ZIP4

7. Name and Address of General Partner 1

⇒

⇒ Physical Address

⇒ P.O. Box

⇒ City, State, ZIP5, ZIP4

8. Name and Address of General Partner 2

⇒

⇒ Physical Address

⇒ P.O. Box

⇒ City, State, ZIP5, ZIP4

9. Name elected to use in Mississippi

⇒

By: Signature

(Please keep writing within blocks)

11 F0300 - Page 3 of 3

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE
P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1633
Application for Registration of
Foreign Limited Partnership

Printed Name

Title

Acknowledgment

State

County

I,

a Notary Public, do hereby certify that on the

day of

19

,

,

who being by me first duly sworn, declared that he is a general partner of the above Limited Partnership and personally appeared before me declaring that the statements herein contained are true.

Notary Seal
(Keep seal within block)

Notary Public

My commission expires

§ 1-76. Statement of Partnership Authority — Form 0700.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



MISSISSIPPI SECRETARY OF STATE
POST OFFICE BOX 136
JACKSON, MISSISSIPPI 39205-0136
CUSTOMER SERVICE 601-359-1633
www.sos.state.ms.us

Statement of Partnership Authority

Filing Fee \$25.00.

Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. <u>Name of Partnership:</u>				
2. <u>Street Address of Chief Executive Office:</u>	Street Address	City	State	Zip Code
3. <u>Street Address of one Office Located in Mississippi, if any:</u>	Street Address	City	MS State	Zip Code
(Complete 4A or 4B)	Name of Appointed Agent			
4A. <u>Name and Mailing Address of Appointed Agent:</u>	Mailing Address	City	State	Zip Code
	OR			
4B. <u>Name and Mailing Address of All Partners:</u> (if more than 2 partners, see section 7 of this form)	Name of Partner			
	Mailing Address	City	State	Zip Code
	Name of Partner			
	Mailing Address	City	State	Zip Code
5. <u>Authority to Execute Instrument Transferring Real Property:</u> (if more than 4 partners, see section 7 of this form)	The following partners are authorized to execute an instrument transferring real property held in the name of the partnership:			
	Name of Partner	Name of Partner		
	Name of Partner	Name of Partner		
6. <u>Other Transactions:</u> (optional – may state authority or limitations of some or all partners)(to continue on another page, see section 7)				
7. <u>Continuing Sections:</u> (to continue information from any section, mark box and follow instructions)	To continue information from any section(s) of this form, please			
	<input type="checkbox"/> Page(s)	1 Mark the box at the left		
	<input type="checkbox"/> Attached	2 Attach plain 8 1/2" x 11" paper and specify which section(s) are being continued		
8. <u>Signatures:</u> (must be executed by at least 2 partners)(to continue on another page see section 7)	I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE			
	Partner Signature	Partner Signature		
	Print Name	Print Name		

Effective Date January 1, 2007

SOS PARTNERSHIP FORM FS 0700

§ 1-77. Amendment to Partnership Authority — Form 0701.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



MISSISSIPPI SECRETARY OF STATE
 POST OFFICE BOX 136
 JACKSON, MISSISSIPPI 39205-0136
 CUSTOMER SERVICE 601-359-1633
www.sos.state.ms.us

Amendment to Statement of Partnership Authority

Filing Fee \$25.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. Name of partnership currently on file:	
2. Statement of Partnership Authority date:	Business ID Number:
3. Name as set forth in Statement of Partnership Authority, if different from current name:	
4. The statement has been amended as follows (provide section number, if available): *	
5. Declaration and Signature: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE.	
_____ Signature of Partner (as authorized)	_____ Date:
_____ Print Name	
IMPORTANT: Failure to include any of the above information and submit the filing fee may cause this filing to be rejected. * If adding new partners, provide names and mailing addresses. Submit completed form along with the filing fee of \$25.00 to Mississippi Secretary of State, Business Services Division, Post Office Box 136, Jackson, Mississippi 39205-0136.	

§ 1-79. Statement of Denial for Partnership Authority — Form 0703.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



MISSISSIPPI SECRETARY OF STATE
POST OFFICE BOX 136
JACKSON, MISSISSIPPI 39205-0136
CUSTOMER SERVICE 601-359-1633
www.sos.state.ms.us

Statement of Denial

Filing Fee \$25.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. Name of partnership currently on file:	
2. Statement of Partnership Authority date:	Business ID Number:
3. Name as set forth in Statement of Partnership Authority, if different from current name:	
4. Facts being denied:	
5. Declaration and Signature: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE.	
_____ Signature of Partner (as authorized)	_____ Date
IMPORTANT: Failure to include any of the above information and submit the filing fee may cause this filing to be rejected. Submit completed form along with the filing fee of \$25.00 to Mississippi Secretary of State, Business Services Division, Post Office Box 136, Jackson, Mississippi 39205-0136.	

§ 1-80. Statement of Dissociation for Partnership Authority — Form 0704.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



MISSISSIPPI SECRETARY OF STATE
 POST OFFICE BOX 136
 JACKSON, MISSISSIPPI 39205-0136
 CUSTOMER SERVICE 601-359-1633
www.sos.state.ms.us

Statement of Dissociation

Filing Fee \$25.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. Name of partnership currently on file:

2. Statement of Partnership Authority date:

Business ID Number:

3. Name as set forth in Statement of Partnership Authority, if different from current name:

4. The following partner is dissociated from the above named partnership:

5. Declaration and Signature:

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI
 THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE.

Partner Signature

Date: _____

Partner (if necessary)

Date: _____

Print Name

Print Name

IMPORTANT: Failure to include any of the above information and submit the filing fee may cause this filing to be rejected.

Submit completed form along with the filing fee of \$25.00 to Mississippi Secretary of State, Business Services Division, Post Office Box 136, Jackson, Mississippi 39205-0136.

§ 1-81. Statement of Dissolution for Partnership Authority — Form 0705.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



MISSISSIPPI SECRETARY OF STATE
POST OFFICE BOX 136
JACKSON, MISSISSIPPI 39205-0136
CUSTOMER SERVICE 601-359-1633
www.sos.state.ms.us

Statement of Dissolution

Filing Fee \$25.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. Name of partnership currently on file:	
2. Statement of Partnership Authority date:	Business ID Number:
3. Name as set forth in Statement of Partnership Authority, if different from current name:	
4. The Partnership is dissolved and is winding up its business. Further substance of dissolution:	
5. Declaration and Signature: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. <div><div>Signature of Partner (as authorized)</div><div>Date:</div></div> <div>Print Name</div>	
IMPORTANT: Failure to include any of the above information and submit the filing fee may cause this filing to be rejected. Submit completed form along with the filing fee of \$25.00 to Mississippi Secretary of State, Business Services Division, Post Office Box 136, Jackson, Mississippi 39205-0136.	

§ 1-82. Statement of Qualification for Domestic Limited Liability Partnership — Form 0710.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



MISSISSIPPI SECRETARY OF STATE
POST OFFICE BOX 136
JACKSON, MISSISSIPPI 39205-0136
CUSTOMER SERVICE 601-359-1633
www.sos.state.ms.us

Statement of Qualification of Domestic
Limited Liability Partnership

Filing Fee \$250.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. <u>Name of Limited Liability Partnership:</u>				
2. <u>Street Address of Chief Executive Office:</u>	Street Address	City	State	Zip Code
3. <u>Street Address of one Office Located in Mississippi, if any:</u>	Street Address	City	State	Zip Code
4. <u>Name and Street address of agent for service of process (required if partnership does not have an office in Mississippi)</u>	Name of Appointed Agent			
	Mailing Address	City	State	Zip Code
5. <u>Deferred effective date, if any</u>	Date			
6. <u>The Partnership elects to be a limited liability partnership.</u> <u>Optional information:</u>				
7. <u>Continuing Sections:</u> (to continue information from any section, mark box and follow instructions)	To continue information from any section(s) of this form, please 1. Mark the box at the left 2. Attach plain 8 1/2" x 11" paper and specify which section(s) are being continued			
8. <u>Signatures:</u> (must be executed by at least 2 partners)(to continue on another page... see section 7)	I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE			
	Partner Signature		Partner Signature	
	Submit completed form along with the filing fee of \$250.00 to Mississippi Secretary of State, Business Services Division, Post Office Box 136, Jackson, Mississippi 39205-0136.			

§ 1-83. Amendment to Qualification for Domestic Limited Liability Partnership — Form 0711.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



MISSISSIPPI SECRETARY OF STATE
POST OFFICE BOX 136
JACKSON, MISSISSIPPI 39205-0136
CUSTOMER SERVICE 601-359-1633
www.sos.state.ms.us

**Amendment to Statement of Qualification of Domestic
Limited Liability Partnership**

Filing Fee \$50.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. Name of partnership currently on file:	
2. Statement of a Qualification date:	Business ID Number:
3. Name as set forth in Statement of Qualification, if different from current name:	
4. The statement has been amended as follows (provide section number, if available): *	
5. Declaration and Signature: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE.	
Signature of Partner (as authorized)	Date
IMPORTANT: Failure to include any of the above information and submit the filing fee may cause this filing to be rejected.	
* If adding new partners, provide names and mailing addresses.	
Submit completed form along with the filing fee of \$50.00 to Mississippi Secretary of State, Business Services Division, Post Office Box 136, Jackson, Mississippi 39205-0136.	

§ 1-84. Statement of Cancellation of Domestic Limited Liability Partnership — Form 0712.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



MISSISSIPPI SECRETARY OF STATE
POST OFFICE BOX 136
JACKSON, MISSISSIPPI 39205-0136
CUSTOMER SERVICE 601-359-1633
www.sos.state.ms.us

**Cancellation of Statement of Qualification of Domestic
Limited Liability Partnership**

Filing Fee \$25.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. Name of Limited Liability Partnership currently on file:	
2. Statement of Qualification date:	Business ID Number:
3. Name as set forth in Statement of Qualification, if different from current name:	
4. Substance of Cancellation:	
5. Declaration and Signature: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE.	
Signature of Partner (as authorized)	Date
IMPORTANT: Failure to include any of the above information and submit the filing fee may cause this filing to be rejected.	
Submit completed form along with the filing fee of \$25.00 to Mississippi Secretary of State, Business Services Division, Post Office Box 136, Jackson, Mississippi 39205-0136.	

§ 1-85. Statement of Qualification for Foreign Limited Liability Partnership — Form 0720.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



MISSISSIPPI SECRETARY OF STATE
 POST OFFICE BOX 136
 JACKSON, MISSISSIPPI 39205-0136
 CUSTOMER SERVICE 601-359-1633
www.sos.state.ms.us

Statement of Qualification of Foreign
 Limited Liability Partnership

Filing Fee \$250.00. Please print in Blue or Black Ink. Do Not Highlight or Write Above This Line

1. <u>Name of Limited Liability Partnership and Jurisdiction:</u>	Jurisdiction			
2. <u>Street Address of Chief Executive Office:</u>	Street Address	City	State	Zip Code
3. <u>Street Address of one Office Located in Mississippi, if any:</u>	Street Address	City	State	Zip Code
4. <u>Name and Street address of agent for service of process (required if partnership does not have an office in Mississippi)</u>	Name of Appointed Agent			
	Mailing Address	City	State	Zip Code
5. <u>Deferred effective date, if any</u>	Date			
6. <u>The Partnership elects to be a limited liability partnership.</u> Optional information:				
7. <u>Continuing Sections:</u> (to continue information from any section, mark box and follow instructions)	To continue information from any section(s) of this form, please. 1. Mark the box at the left <input type="checkbox"/> Page(s) <input type="checkbox"/> Attached 2. Attach plain 8 1/2" x 11" paper and specify which section(s) are being continued			
8. <u>Signatures:</u> (must be executed by at least 2 partners)(to continue on another page see section 7)	I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. _____ Partner Signature			
	_____ Partner Signature			
	Submit completed form along with the filing fee of \$250.00 to Mississippi Secretary of State, Business Services Division, Post Office Box 136, Jackson, Mississippi 39205-0136.			

§ 1-86. Amendment to Qualification for Foreign Limited Liability Partnership — Form 0721.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



MISSISSIPPI SECRETARY OF STATE
 POST OFFICE BOX 136
 JACKSON, MISSISSIPPI 39205-0136
 CUSTOMER SERVICE
www.sos.state.ms.us

**Amendment to Statement of Qualification Of Foreign
 Limited Liability Partnership**

Filing Fee \$50.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. Name of partnership currently on file:
2. Statement of a Qualification date: _____ and Business Id Number: _____
3. Name as set forth in Statement of Qualification, if different from current name:
4. The statement has been amended as follows (provide section number, if available): *
5. Declaration and Signature: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> _____ Signature of Partner (as authorized) </div> <div style="width: 35%;"> Date: _____ </div> </div> <div style="margin-top: 5px;"> _____ Print Name </div>
<p>IMPORTANT: Failure to include any of the above information and submit the filing fee may cause this filing to be rejected.</p> <p>* If adding new partners, provide names and mailing addresses.</p> <p>Submit completed form along with the filing fee of \$50.00 to Mississippi Secretary of State, Business Services Division, Post Office Box 136, Jackson, Mississippi 39205-0136.</p>

§ 1-87. Statement of Cancellation for Foreign Limited Liability Partnership — Form 0722.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



MISSISSIPPI SECRETARY OF STATE
POST OFFICE BOX 136
JACKSON, MISSISSIPPI 39205-0136
CUSTOMER SERVICE 601-359-1633
www.sos.state.ms.us

**Cancellation of Statement of Qualification of Foreign
Limited Liability Partnership**

Filing Fee \$25.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. Name of Qualification currently on file:	
2. Statement of Qualification date:	Business ID Number:
3. Name as set forth in Statement of Qualification, if different from current name:	
4. Substance of Cancellation:	
5. Declaration and Signature: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. _____ Signature of Partner (as authorized) _____ Print Name Date:_____	
FILING FEE: \$25.00 IMPORTANT: Failure to include any of the above information and submit the filing fee may cause this filing to be rejected. Submit completed form along with the filing fee of \$25.00 to Mississippi Secretary of State, Business Services Division, Post Office Box 136, Jackson, Mississippi 39205-0136.	

§ 1-88. Statement of Merger — Form 0730.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



MISSISSIPPI SECRETARY OF STATE
POST OFFICE BOX 136
JACKSON, MISSISSIPPI 39205-0136
CUSTOMER SERVICE 601-359-1633
www.sos.state.ms.us

STATEMENT OF MERGER

Filing Fee \$25.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. <u>Name of Domestic partnership and other entities that are a party to the merger, including entity types. (partnerships, limited partnerships, corporations etc):</u>	Name of Domestic Partnership			
	Name of other entity		Entity Type	
	Name of other entity		Entity Type	
	Name of other entity		Entity Type	
2. <u>Domicile of surviving entity and entity type</u>	Name of Surviving Entity Entity Type			
3. <u>Street Address of Chief Executive Office:</u>	Street Address City State Zip Code			
4. <u>Street Address of one Office Located in Mississippi, if any:</u>	Street Address City State Zip Code			
5. <u>Continuing Sections:</u> (to continue information from any section, mark box and follow instructions)	To continue information from any section(s) of this form, please: 1. Mark the box at the left 2. Attach plain 8 1/2" x 11" paper and specify which section(s) are being continued			
6. <u>Signatures:</u> (must be executed by at least 2 partners)(to continue on another page see section 6)	I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE.			
	Partner Signature		Title	
	Print Name			
	Partner Signature		Title	
	Print Name			
Submit completed form along with the filing fee of \$25.00 to Mississippi Secretary of State, Business Services Division, Post Office Box 136, Jackson, Mississippi 39205-0136				

§§ 1-89. through 1-94. Reserved.

§ 1-95. Polygraph Examiners Registration — Form P001.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

P001

OFFICE OF THE MISSISSIPPI SECRETARY OF STATE

P.O. BOX 136, JACKSON, MS 39205-0136

PHONE 601-359-1633 FAX 601-359-1499

Polygraph Examiners Registration

Pursuant to Section 73-29-35 Miss Code Ann. (1972) as amended

Name:

Address:

City

State

Zip

Phone:

MS Polygraph license no. (If applicable)

Licensed in the following states:

Chapter 2

DEBT-FINANCING CONTRACTS AND INSTRUMENTS

- § 2-1. Security and Pledge Agreement.
- § 2-2. Security Agreement (Consumer Goods — Equipment — Farm Equipment — Motor Vehicles except when Inventory).
- § 2-3. Deed of Trust.
- § 2-4. Pledge and Security Agreement.
- § 2-5. Original Financing Statement — UCC1.
- § 2-5.1. Financing Statement Addendum — UCC1AD.
- § 2-5.2. Financing Statement (In Lieu).
- § 2-6. Original Financing Statement of Farm Products — UCC-1F.
- § 2-6.1. Financial Statement of Farm Products Addendum — UCC-1F Addendum.
- § 2-7. Continuation, Assignment, Release, Amendment, Term — UCC3.
- § 2-7.1. Financing Statement Amendment Addendum — UCC3AD.
- § 2-8. Continuation, Assignment, Release, Amendment, Term — UCC-3F.
- § 2-8A. National Correction Statement — UCC5
- § 2-9. Information Request — UCC11.
- § 2-10. Miscellaneous UCC Information — UCC-E.
- § 2-11. Mississippi County Codes.
- § 2-12. Mississippi Farm Product Collateral Codes.

§ 2-1. Security and Pledge Agreement.

ANNOTATIONS

Miss. Code Ann. §§ 75-9-101, et seq.

W. Rodney Clement, Jr., Enforcing Security Interests In Personal Property In Mississippi, 67 Miss. L.J. 44

68A Am.Jur.2d *Secured Transactions* § 1 et seq.

79 C.J.S. *Secured Transactions* § 1 et seq.

§ 2-2. Security Agreement (Consumer Goods – Equipment – Farm Equipment – Motor Vehicles except when Inventory).

ANNOTATIONS

Miss. Code Ann. §§ 75-9-101, et seq.

W. Rodney Clement, Jr., Enforcing Security Interests In Personal Property In Mississippi, 67 Miss. L.J. 44

Secured Transactions: Right Of Secured Party To Take Possession Of Collateral On Default Under UCC § 9-503, 25 A.L.R.5th 696

68A Am.Jur.2d *Secured Transactions* § 1 et seq.

79 C.J.S. *Secured Transactions* § 1 et seq.

§ 2-3. Deed of Trust.

ANNOTATIONS

Miss. Code Ann. § 89-1-51, § 89-1-53, § 89-1-55, § 89-1-57, § 89-1-59, § 89-1-63
J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, § 51:1, et seq. (2001)
Construction And Application Of Real Estate Settlement Procedures Act Of 1974,
142 A.L.R. Fed. 511

54A Am.Jur.2d *Mortgages* §§ 146-162

59 C.J.S. *Mortgages* §§ 5, 6

§ 2-4. Pledge and Security Agreement.

ANNOTATIONS

Miss. Code Ann. § 75-8-103

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, 22:81 (2001)

18 Am.Jur.2d *Corporations* §§ 447 et seq.

18 C.J.S. *Corporations* §§ 287-292

§ 2-5. Original Financing Statement — UCC1.

This form can be obtained from the Office of the Mississippi Secretary of State,
P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their
website: <http://www.sos.ms.gov>.

Mississippi - UCC1 FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

1d. COUNTY #

ADD'L INFO RE ORGANIZATION DEBTOR

1e. TYPE OF ORGANIZATION

1f. JURISDICTION OF ORGANIZATION

1g. ORGANIZATIONAL ID #, if any

NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

2d. COUNTY #

ADD'L INFO RE ORGANIZATION DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

OR

3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

5. ALTERNATIVE DESIGNATION (if applicable) ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG LIEN ☐ NON-UCC FILING

6. ☐ This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum. ☐ (if applicable) ☐ (ADDITIONAL FEE) ☐ (optional)

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA

ANNOTATIONS

Miss. Code Ann. §§ 75-9-402, 75-9-502

Sufficiency of description of collateral in financing statement under UCC §§ 9-110 and 9-402, 100 A.L.R.3d 10

Sufficiency of description of collateral in financing statement under UCC §§ 9-110 and 9-203, 100 A.L.R.3d 940

68A Am.Jur.2d *Secured Transactions* §§ 288-509

79 C.J.S. *Secured Transactions* §§ 50-80

§ 2-5.1. Financing Statement Addendum — UCC1AD.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

Mississippi - UCC1AD FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
11d. TAX ID #: SSN OR EIN		ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION
				11g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

12. ☐ ADDITIONAL SECURED PARTY'S ☐ or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR				
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

14. Description of real estate:

16. Additional collateral description:

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY

☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years

☐ Filed in connection with a Public-Finance Transaction — effective 30 years

§ 2-5.2. Financing Statement (In Lieu).

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



Mississippi - UCC1 FINANCING STATEMENT (IN LIEU)

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A NAME & PHONE OF CONTACT AT FILER [optional]

B SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME

OR

1b INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

1c MAILING ADDRESS

CITY

STATE

POSTAL CODE

1D COUNTY #

ADD'L INFO RE ORGANIZATION DEBTOR

1e TYPE OF ORGANIZATION

1f JURISDICTION OF ORGANIZATION

1g ORGANIZATIONAL ID #, if any

☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a ORGANIZATION'S NAME

OR

2b INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c MAILING ADDRESS

CITY

STATE

POSTAL CODE

2D COUNTY #

ADD'L INFO RE ORGANIZATION DEBTOR

2e TYPE OF ORGANIZATION

2f JURISDICTION OF ORGANIZATION

2g ORGANIZATIONAL ID #, if any

☐ NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a ORGANIZATION'S NAME

OR

3b INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

4. This FINANCING STATEMENT covers the following collateral.

THE FINANCING STATEMENT IS AN "IN LIEU OF CONTINUATION" FOR THE FOLLOWING STATEMENTS, EACH OF WHICH SHALL REMAIN EFFECTIVE:

File Date

File Number

Original Filing Office

File Date

File Number

Original Filing Office

See Addendum #16 for collateral ☐

5. ALTERNATIVE DESIGNATION [if applicable] ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING

6. ☐ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]. 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional]. ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

B. OPTIONAL FILER REFERENCE DATA

Filing Office:

Mississippi - UCC1 FINANCING STATEMENT ADDENDUM (In Lieu)

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME .		
OR		
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME
		MIDDLE NAME SUFFIX

10. MISCELLANEOUS:

ADDITIONAL "IN LIEU OF CONTINUATION" STATEMENTS:

File Date	File Number	Original Filing Office
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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME				
OR				
	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				11d. COUNTY #
ADD'L INFO RE ORGANIZATION DEBTOR		11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR				
	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing

14. Description of real estate:

16. Additional collateral description:

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

17. Check only if applicable and check only one box

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box

☐ Debtor is a TRANSMITTING UTILITY

☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years

☐ Filed in connection with a Public-Finance Transaction — effective 30 years

§ 2-6. Original Financing Statement of Farm Products — UCC-1F

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



MISSISSIPPI UCC-1F

Farm Product Filing

Financing Statement

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b)- do not abbreviate or combine names.

1a. ORGANIZATION'S NAME					
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS		CITY	STATE	POSTAL ZIP CODE	COUNTY #
1d. TAX ID #, SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	
					<input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b)- do not abbreviate or combine names.

2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL ZIP CODE	COUNTY #
2d. TAX ID #, SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	
					<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P - Insert only one secured party name (3a. or 3b.))

3a. ORGANIZATION'S NAME					
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL ZIP CODE	COUNTY #

4. This Financing Statement covers the following Farm Products in accordance with the Food Security Act of 1985 (7 U.S.C. § 1631).

FARM PRODUCT DESCRIPTION	QUANTITY	CROP CODE	CROP YEAR	DESCRIPTION OF REAL ESTATE	COUNTY #

Signature of Debtors(s)

Signature of Secured Party

MUST BE ORIGINALLY SIGNED

ANNOTATIONS

Miss. Code Ann. § 75-9-109, § 75-9-402

Secured Transactions: Government Agricultural Program Payments As “Proceeds” Of Agricultural Products Under UCC § 9-306, 79 A.L.R.4th 903

Sufficiency of description of collateral in financing statement under UCC §§ 9-110 and 9-402, 100 A.L.R.3d 10

Sufficiency of description of collateral in financing statement under UCC §§ 9-110 and 9-203, 100 A.L.R.3d 940

68A Am.Jur.2d *Secured Transactions* §§ 288-509

79 C.J.S. Secured Transactions §§ 50-80

§ 2-6.1. Financial Statement of Farm Products Addendum — UCC-1F Addendum.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



MISSISSIPPI UCC-1F
Farm Product Filing
Financing Statement
ADDENDUM

5. NAME OF FIRST DEBTOR (1a or 1b) on related UCC-1F or UCC-3F

5a. ORGANIZATION'S NAME		
OR		
5b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

6. NAME and ADDRESS of a RECORD OWNER of the real estate described (if DEBTOR is not the record owner.)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

7. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (7a or 7b)- do not abbreviate or combine names.

7a. ORGANIZATION'S NAME				
OR				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
7c. MAILING ADDRESS		CITY	STATE	POSTAL ZIP CODE
				COUNTY #
7d. TAX ID #, SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

8. ADDITIONAL SECURED PARTY or ASSIGNOR SIP'S NAME - Insert only one name (8a or 8b)- insert only ONE name.

8a. ORGANIZATION'S NAME				
OR				
8b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
8c. MAILING ADDRESS		CITY	STATE	POSTAL ZIP CODE
				COUNTY #
8d. TAX ID #, SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	8e. TYPE OF ORGANIZATION	8f. JURISDICTION OF ORGANIZATION	8g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

9. ADDITIONAL COLLATERAL CONTINUED FROM BLOCK 4.

FARM PRODUCT DESCRIPTION	QUANTITY	CROP CODE	CROP YEAR	DESCRIPTION OF REAL ESTATE	COUNTY #

10. ADDITIONAL COMMENTS

☐ ADDITIONAL SHEETS ATTACHED

Signature of Debtors(s)

Signature of Secured Party
MUST BE ORIGINALLY SIGNED

§ 2-7. Continuation, Assignment, Release, Amendment, Term — UCC3.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

Mississippi - UCC3 FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.
CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

7d. COUNTY #

ADD'L INFO RE ORGANIZATION DEBTOR

7e. TYPE OF ORGANIZATION

7f. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL ID #, if any

NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.
Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

10. OPTIONAL FILER REFERENCE DATA

ANNOTATIONS

Miss. Code Ann. § 75-9-401, et seq.

Sufficiency of description of collateral in financing statement under UCC §§ 9-110 and 9-402, 100 A.L.R.3d 10

Sufficiency of description of collateral in financing statement under UCC §§ 9-110 and 9-203, 100 A.L.R.3d 940

68A Am.Jur.2d *Secured Transactions* §§ 329-330, 334-336, 405-411, 426-436, 457-464

79 C.J.S. *Secured Transactions* §§ 50-80, 128, 134-143

§ 2-7.1. Financing Statement Amendment Addendum — UCC3AD.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

Mississippi - UCC3AD FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)
--

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME

OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
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13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

§ 2-8. Continuation, Assignment, Release, Amendment, Term — UCC-3F.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



MISSISSIPPI UCC-3F
Farm Product Filing
Financing Statement
AMENDMENT

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. INITIAL FINANCING STATEMENT FILE #

2. ☐ TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement .

3. ☐ CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ☐ ASSIGNMENT (full or partial): Give name of assignee in Item 7a or 7b and address of assignee in Item 7c; and also give name of assignor above signature line.

5. AMENDMENT (PARTY INFORMATION): This amendment affects ☐ Debtor OR ☐ Secured Party of record. Check only ONE of these two boxes.
Also check ONE of the following three boxes AND provide appropriate information in Item 6 and/or 7.
☐ CHANGE name and/or address: Give current record name in Item 6a or 6b; also give new name (if name change) in Item 7a or 7b and/or new address (if address change) in Item 7c. ☐ DELETE name: give record name to be deleted in Item 6a or 6b. ☐ ADD name: complete Item 7a or 7c; and 7d-g (if applicable)

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR

6b. INDIVIDUALS LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUALS LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

7c. MAILING ADDRESS

CITY

STATE

POSTAL ZIP CODE

COUNTY

7d. TAX ID #, SSN OR EIN

ADD'L INFO RE
ORGANIZATION
DEBTOR

7e. TYPE OF ORGANIZATION

7f. JURISDICTION OF ORGANIZATION

7g. ORGANIZATIONAL ID #, if any

☐ NONE

8. AMENDMENT (COLLATERAL CHANGE); check only ONE box.
Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

FARM PRODUCT DESCRIPTION

QUANTITY

CROP CODE

CROP YEAR

DESCRIPTION OF REAL ESTATE

COUNTY CODE

Signature of Debtors(s) IF REQUIRED

Signature of Secured Party---MUST BE ORIGINALLY SIGNED

MS-UCC-3F Rev. 12/2001

ANNOTATIONS

Miss. Code Ann. §§ 75-9-401, et seq.

Sufficiency of description of collateral in financing statement under UCC §§ 9-110 and 9-402, 100 A.L.R.3d 10

Sufficiency of description of collateral in financing statement under UCC §§ 9-110 and 9-203, 100 A.L.R.3d 940

68A Am.Jur.2d *Secured Transactions* §§ 329-330, 334-336, 405-411, 426-436, 457-464

79 C.J.S. *Secured Transactions* §§ 50-80, 128, 134-143

§ 2-8A. National Correction Statement — UCC-5F.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



UCC5 Correction Statement

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF PERSON FILING THIS STATEMENT [optional]	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
<div></div>	

For your convenience, this form has been designed to be completed online. The information typed on the first page will automatically update to the other pages. Please be sure all pertinent information is completed before printing. Once the form is completed, select 'Print' to print the form and mail it. Selecting 'Reset' will clear the entire form.

Print

Reset

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. Identification of the RECORD to which this CORRECTION STATEMENT relates	
1a. TYPE OF RECORD	1b. FILE # OF INITIAL FINANCING STATEMENT

2a. ☐ RECORD is inaccurate.
Provide the basis for the belief of the person identified in item 4 that the RECORD identified in item 1 is inaccurate and indicate the manner in which the person believes the RECORD should be amended to cure the inaccuracy.

2b. ☐ RECORD was wrongfully filed.
Provide the basis for the belief of the person identified in item 4 that the RECORD identified in item 1 was wrongfully filed.

3. If this CORRECTION STATEMENT relates to a RECORD filed [or recorded] in a filing office described in Section 9-501(a)(1) and this CORRECTION STATEMENT is filed in such a filing office, provide the date [and time] on which the INITIAL FINANCING STATEMENT identified in item 1b above was filed [or recorded].

3a. DATE	3b. TIME
----------	----------

4. NAME OF PERSON AUTHORIZING THE FILING OF THIS CORRECTION STATEMENT — The RECORD identified in item 1 must be indexed under this name.

4a. ORGANIZATION'S NAME			
OR			
4b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

Instructions for National Correction Statement (Form UCC5)

Please type or laser-print this form. Be sure it is completely legible. Read all Instructions, especially Instructions 1a and 1b; correct identification of the initial Record to which this Correction Statement relates is crucial. Follow Instructions completely.

Fill in form very carefully. If you have questions, consult your attorney. Filing office cannot give legal advice.

Do not insert anything in the open space in the upper portion of this form; it is reserved for filing office use.

When properly completed, send Filing Office Copy to filing office. If you want an acknowledgment, complete item B and, if filing in a filing office that returns an acknowledgment copy furnished by filer, you may also send Acknowledgment Copy; otherwise detach. Always detach Debtor and Secured Party Copies.

A. To assist filing offices that might wish to communicate with filer, filer may provide information in item A. This item is optional.

B. Complete item B if you want an acknowledgment sent to you. If filing in a filing office that returns an acknowledgment copy furnished by filer, present simultaneously with this form a carbon or other copy of this form for use as an acknowledgment copy.

- General— You must always complete items 1 and 4 and either 2a or 2b. You may also be required to complete item 3.
- 1a. Indicate type of Record to which this Correction Statement relates (e.g., Financing Statement or Amendment). You may also insert additional information that you believe will assist in identifying the Record (e.g., the filing date and/or record number of the Record).

1b. **File number:** Enter file number of initial financing statement to which the Record that is the object of this Correction Statement relates. Enter only one file number.

2. If this Correction Statement is filed based on the filer's belief that the Record identified in item 1 is inaccurate, check box 2a, provide the basis for that belief, and indicate the manner in which the Record should be amended to cure the inaccuracy.

If this Correction Statement is filed based on the filer's belief that the Record identified in item 1 was wrongfully filed, check box 2b and provide the basis for that belief.

3. If this Correction Statement relates to a Record filed [or recorded] in a filing office described in Section 9-501(a)(1) and this Correction Statement is filed in such a filing office, provide the date [and time] on which the Initial Financing Statement identified in item 1b above was filed [or recorded].

4. Always enter name of the person who authorized the filing of this Correction Statement. This name must be the same as the name under which the Record is indexed.

§ 2-9. Information Request — UCC11.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.



INFORMATION REQUEST

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT (optional)	
B. RETURN TO (Name and Address)	



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR NAME to be searched - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME			
OR			
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

2. INFORMATION OPTIONS relating to UCC filings and other notices on file in the filing office that include as a Debtor name the name identified in item 1:

2a. SEARCH RESPONSE	<input type="checkbox"/> CERTIFIED (Optional)
Select <u>one</u> of the following two options: <input type="checkbox"/> ALL (Check this box to request a response that is complete, including filings that have lapsed.) <u>UNLAPSED</u>	
2b. COPY REQUEST	<input type="checkbox"/> CERTIFIED (Optional)
Select <u>one</u> of the following two options: <input type="checkbox"/> ALL <input type="checkbox"/> UNLAPSED	
2c. SPECIFIED COPIES ONLY	<input type="checkbox"/> CERTIFIED (Optional)

Record Number	Date Record Filed (if required)	Type of Record and Additional Identifying Information (if required)

3. ADDITIONAL SERVICES:

4. DELIVERY INSTRUCTIONS (request will be completed and mailed to the address shown in item B unless otherwise instructed here):

4a.	<input type="checkbox"/> Pick Up
4b.	<input type="checkbox"/> Other

Specify desired method here (if available from this office): provide delivery information (e.g., delivery service's name, addressee's account # with delivery service, addressee's phone #, etc.)

ANNOTATIONS

Miss. Code Ann. §§ 75-9-401, et seq.

Sufficiency of description of collateral in financing statement under UCC §§ 9-110 and 9-402, 100 A.L.R.3d 10

Sufficiency of description of collateral in financing statement under UCC §§ 9-110 and 9-203, 100 A.L.R.3d 940

68A Am.Jur.2d *Secured Transactions* §§ 421-425

79 C.J.S. *Secured Transactions* §§ 50-80

§ 2-10. Miscellaneous UCC Information — UCC-E.

ANNOTATIONS

Miss. Code Ann. §§ 75-9-401, et seq.

Sufficiency of description of collateral in financing statement under UCC §§ 9-110 and 9-402, 100 A.L.R.3d 10

Sufficiency of description of collateral in financing statement under UCC §§ 9-110 and 9-203, 100 A.L.R.3d 940

68A Am.Jur.2d *Secured Transactions* §§ 288-509

79 C.J.S. *Secured Transactions* §§ 50-80, 128, 134-143

§ 2-11. Mississippi County Codes.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

MISSISSIPPI COUNTY (#)
(UCC and Central Filing System Codes)

01 Adams	15 Copiah	29 Itawamba	43 Lincoln	57 Pike	71 Tishomingo
02 Alcorn	16 Covington	30 Jackson	44 Lowndes	58 Pontotoc	72 Tunica
03 Amite	17 Desoto	31 Jasper	45 Madison	59 Prentiss	73 Union
04 Attala	18 Forrest	32 Jefferson	46 Marion	60 Quitman	74 Walthall
05 Benton	19 Franklin	33 Jefferson Davis	47 Marshall	61 Rankin	75 Warren
06 Bolivar	20 George	34 Jones	48 Monroe	62 Scott	76 Washington
07 Calhoun	21 Greene	35 Kemper	49 Montgomery	63 Sharkey	77 Wayne
08 Carroll	22 Grenada	36 Lafayette	50 Neshoba	64 Simpson	78 Webster
09 Chickasaw	23 Hancock	37 Lamar	51 Newton	65 Smith	79 Wilkinson
10 Choctaw	24 Harrison	38 Lauderdale	52 Noxubee	66 Stone	80 Winston
11 Claiborne	25 Hinds	39 Lawrence	53 Oktibbeha	67 Sunflower	81 Yalobusha
12 Clarke	26 Holmes	40 Leake	54 Panola	68 Tallahatchie	82 Yazoo
13 Clay	27 Humphreys	41 Lee	55 Pearl River	69 Tate	88 Unknown
14 Coahoma	28 Issaquena	42 Leflore	56 Perry	70 Tippah	99 Out of State

§ 2-12. Mississippi Farm Product Collateral Codes.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

MISSISSIPPI FARM PRODUCT COLLATERAL CODES

COLLATERAL CODES. If the collateral is not listed below, please enter the collateral name. The code will be assigned by the filing office.

101	Apples	126	Corn	151	Mint	176	Rye
102	Apricots	127	Corn, Sweet	152	Mushrooms	177	Sorghum
103	Artichokes	128	Cotton	153	Mustards	178	Soybeans
104	Asparagus	129	Cucumbers	154	Nectarines	179	Spinach
105	Avocados	130	Dates	155	Nutmeg	180	Sugar Beets
106	Bananas	131	Eggplant	156	Oats	181	Sugar Cane
107	Barley	132	Escarole	157	Olives	182	Sunflower
108	Beans, Butter	133	Figs	158	Onions	183	Sweet Potato
109	Beans, Dry	134	Flaxseed	159	Oranges	184	Tangelos
110	Beans, Lima	135	Garlic	160	Papayas	185	Tangerines
111	Beans, Snap	136	Grapes (& Raisins)	161	Peaches	186	Taro
112	Beans, Waxed	137	Grapefruit	162	Peanuts	187	Tea
113	Beets	138	Hay	163	Pears	188	Tobacco
114	Berries, Black	139	Hops	164	Peas, Dry	189	Tomatoes
115	Berries, Blue	140	Irish Potatoes	165	Peas, Field	190	Trees
116	Berries, Straw	141	Kiwi	166	Peas, Green	191	Turnips
117	Broccoli	142	Legumes	167	Pecans	192	Walnuts
118	Brussel Sprouts	143	Lemons	168	Peppers	193	Wheat
119	Cabbage	144	Lettuce	169	Persimmons	194	Muscadine
120	Carrots	145	Limes	170	Pineapple	195	Pumpkins
121	Cauliflower	146	Maple Syrup	171	Plums (& Prunes)	196	Squash
122	Celery	147	Melon, Cantaloupes	172	Pomegranates	197	Corn Silage
123	Cherries	148	Melon, Honey Dew	173	Popcorn	198	Alfalfa
124	Coffee	149	Melons, Water	174	Rape Seed	199	Okra
125	Collards	150	Milo	175	Rice		
<u>LIVESTOCK</u>							
201	Cattle/calves	207	Goats	213	Quail	219	Parrots-Birds
202	Catfish/Fish	208	Guineas	214	Turkeys	220	Turtles
203	Chickens	209	Hogs	215	Earthworms	221	Emu
204	Ducks	210	Horses	216	Shellfish	222	Ostrich
205	Eggs Hatching	211	Lambs & Sheep	217	Honey Bees	223	Rhea
206	Geese	212	Mules	218	Rabbits-Hares		
<u>OTHER</u>							
301	Cheese	305	Honey	309	Wool	313	Kenaf
302	Eggs	306	Milk	310	(Reserved)		
303	Flowers	307	Mohair	311	Cotton Seed		
304	Grass	308	Shrubbery	312	Pelts & Products		

Chapter 3

FAMILY LAW

- § 3-1. Joint Petition for Divorce — Irreconcilable Differences.
- § 3-2. Financial Disclosure.
- § 3-3. Certificate of Compliance.
- § 3-4. Child Custody, Support and Property Settlement Agreement.
- § 3-5. Agreed Final Judgment of Divorce — Irreconcilable Differences.

§ 3-1. Joint Petition for Divorce — Irreconcilable Differences.

ANNOTATIONS

Miss. Code Ann. § 93-5-2

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, § 28:6 (2001)

24 Am.Jur.2d Irretrievable Breakdown of Marriage § 24

24 Am.Jur.2d *No Fault Divorce* § 251

27A C.J.S. *Divorce* § 18

§ 3-2. Financial Disclosure.

EXHIBIT “A”

IN THE CHANCERY COURT OF _____ COUNTY
STATE OF MISSISSIPPI

PLAINTIFF

VS. _____
_____ CIVIL ACTION NUMBER

DEFENDANT

I. GENERAL INFORMATION

NAME: _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

OCCUPATION: _____

EMPLOYER: _____

EMPLOYER’S ADDRESS: _____

	NAME	DATE OF BIRTH
MINOR CHILDREN:	_____	_____
	_____	_____
	_____	_____
	_____	_____

II. INCOME STATEMENT

GROSS MONTHLY INCOME

1. Salary and Wages, including commissions
bonuses, allowance and overtime

1. _____

NOTE: To arrive at a monthly income figure,
if paid weekly, multiply weekly income
by 4.3; if paid bi-weekly, multiply
bi-weekly income by 2.16

2. Pensions and retirement

2. _____

3. Social Security

3. _____

4. Disability and unemployment insurance

4. _____

5. Public assistance (welfare, AFDC payments, etc.)

5. _____

6. Dividends and interest

6. _____

7. Rental Income

7. _____

8. Other income _____

8. _____

9. Other income _____

9. _____

10. TOTAL MONTHLY INCOME

10. _____

ITEMIZED MONTHLY DEDUCTIONS:

1. State Income Taxes

1. _____

2. Federal Income Taxes

2. _____

3. Social Security

3. _____

4. Mandatory Insurance

4. _____

5. Mandatory Retirement

5. _____

6. Union or other dues

6. _____

7. Other: (Specify) _____

7. _____

8. Other: (Specify) _____

8. _____

9. TOTAL MONTHLY DEDUCTIONS

9. _____

10. NUMBER OF EXEMPTIONS: _____

11. NET MONTHLY PAY

11. _____

III. EXPENSE STATEMENT

A. LIVING EXPENSES	AS OF _____		AS OF _____	
	Self	Children	Self	Children
1. Rent/Mortgage (Residence)				
2. Real Property Taxes				
3. Real Property Insurance				
4. Maintenance (Residence)				

5. Food/Household Supplies				
6. Water, Sewer, etc.				
7. Electricity				
8. Gas (Residence)				
9. Telephone				
10. Laundry & Cleaning				
11. Clothing				
12. Insurance (Not payroll deducted)				
13. Medical				
14. Dental				
15. Child Care				
16. Children's Allowance				
17. Payment of child support/alimony (Prior Marriage)				
18. School Expenses				
19. Entertainment				
20. Incidentals & Miscellaneous				
21. Transportation other than vehicle				
22. Gasoline & Oil (auto)				
23. Repair (auto)				
24. Insurance (auto)				
25. Auto payments				
26. Church donations				

III. EXPENSE STATEMENT

	Self	Children	Self	Children
27. Charitable donations				
28. Newspaper/Magazines				
29. Cable TV				
30. Pet Expenses				
31. Yard Expenses				
32. Maid				
33. Retirement (IRA, etc.)				
34. Pest Control				
B. TOTAL LIVING EXPENSES				
35. Installment Payments Notes, loans, charge accounts, etc.				
36.				
37.				
38.				
39. OTHER EXPENSES				
40.				
41.				
TOTAL INSTALLMENT PAYMENTS:				
COMBINED TOTAL EXPENSES:				

IV. STATEMENT OF ASSETS (Continued)

3. Registered in the name of: _____
Year: _____ Model: _____ Mileage: _____
How cost paid: _____ How cost paid: _____

VALUE
- Loan Balance _____
=Equity _____

C. Other Personal Property (such as home computers, guns, lawnmowers, TVs, jewelry, household furnishings, etc.)

VALUES	
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL	_____

D. Checking/Savings (name of Bank, Account Number and Amount in Account, including CDs, money markets, passbook accounts, etc.

Name(s) on Account	Bank/Account Number	Type Account	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL VALUE			_____

E. Other Investments (IRAs, stock(s), mutual funds, pension plans, etc.)

Bank/Account Number	Type Investment	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Life Insurance (exclude children)

Insured	Company	Face Amount	Cash	Beneficiary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL CASH VALUE (less loans)			_____	

G. All Other Assets

_____	_____
_____	_____
_____	_____
TOTAL VALUE	
TOTAL OF ALL ASSETS	\$ _____

V. STATEMENT OF LIABILITIES
(Include mortgage, car loan, credit cards, personal loans)
Note: Also include under items 35-44 on Exhibit “A”

A. Creditor	Party Responsible for Payment	Current Balance	Monthly Payment	Who Makes Payments
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
B. TOTAL LIABILITIES		_____		

ACKNOWLEDGMENT OF TRUTHFULNESS

I declare to the Court that the foregoing Exhibit “A” including attachments, is true and correct and that this declaration was executed on the _____ day of _____, 20____,

Party’s Signature

IN THE CHANCERY COURT OF _____ COUNTY
STATE OF MISSISSIPPI

PLAINTIFF

CIVIL ACTION NUMBER

DEFENDANT

CERTIFICATE OF COMPLIANCE

I, _____ (name of party or attorney) _____, do hereby certify that I have this date complied with Rule 8.05 of the Uniform Chancery Court Rules and that I have mailed and/or delivered a copy of a detailed written statement of actual income and expenses and assets and liabilities to the attorney for the opposing party or the opposing party.

SO CERTIFIED on this the _____ day of _____, 20____.

Attorney Or Opposing Party

EXHIBIT “B”

IN THE CHANCERY COURT
OF _____ COUNTY, MISSISSIPPI
_____ JUDICIAL DISTRICT

VS

PLAINTIFF
CAUSE NO. _____
DEFENDANT

RULE 8.05 FINANCIAL STATEMENT

I, (full legal name) _____, certify that the following information is true:

SECTION I. GENERAL INFORMATION

1. Date of Birth: _____
2. Physical Address: _____
3. Mailing Address: _____

4. A. Minor Children (below the age of 21) or a full-time student above the age of 21:

Name	Date of Birth	Child Support Order in effect? (Yes or No)	Amount of Monthly Child Support Order Payment

B. Adult Children being supported by you

Name	Date of Birth	Child Support Order in effect? (Yes or No)	Amount of Monthly Child Support Order Payment

--	--	--	--

5. Are you subject to and/or a party in any litigation or other court proceedings? (Bankruptcy, Class Action, Worker's Compensation, Personal Injury, etc.) If yes, please provide the style of the action including cause number and a brief description of the nature thereof.

SECTION II. INCOME

1. My occupation is: _____

2. I am currently: [✓ all that apply]

_____ a. **Unemployed**

1. Describe your efforts to find employment, how soon you expect to be employed, and the pay you expect to receive: _____

2. Provide a statement of your employment history and earnings from the inception of the marriage, or from the date of divorce, (whichever is applicable) on a separate sheet paper and attach it to this form.

Label the attachment "Employment History".

_____ b. **Employed by:** _____

1. Address: _____

2. City, State, Zip Code: _____

3. Telephone Number: _____

4. My position is: _____

5. Pay rate: \$ _____ () every week () every other week () twice a month () monthly

_____ Check here if you currently have more than one job. List the information above for the second job(s) on a separate sheet and attach it to this statement.

_____ Check here if you are self-employed, own an interest in a business or farm, receive income from rental property, or if you report income or expenses on Schedule C, Schedule E, or Schedule F of your tax return.

Complete Exhibit 1 attached hereto.

_____ Check here if you are expecting to become unemployed or change jobs soon, describe the change you expect and why and how it will affect your income:

- _____ c. **Retired.** Date of retirement: _____
1. Employer from whom retired: _____
2. Address: _____
3. City, State, Zip Code: _____ Telephone Number: _____
4. Are you receiving retirement pay or benefits from this employer? _____ yes _____ no

- _____ d. Is there any information which you think would be helpful for the Court to know about your employment? (If so, give comments here). _____
- _____

LAST YEAR'S <u>GROSS</u> INCOME FROM TAX RETURN:		
	Your Income	Other Party's Income (if known)
Year _____	\$ _____	\$ _____

LAST YEAR'S <u>ADJUSTED</u> GROSS INCOME FROM TAX RETURN:		
	Your Income	Other Party's Income (if known)
Year _____	\$ _____	\$ _____

LAST YEAR'S TAX REFUND FROM TAX RETURN:		
	Federal Refund	State Refund
Year _____	\$ _____	\$ _____

OUTSTANDING TAX LIABILITIES FROM TAX RETURN:

	Federal	State
Year _____	\$ _____	\$ _____
Does the IRS or the State of Mississippi currently have a tax lien on any items of property? _____		
If yes, please state the total amount of the tax lien and the items encumbered.		

PRESENT MONTHLY GROSS INCOME:

All amounts must be MONTHLY. Attach more paper, if needed. Items included under "other" should be listed separately with separate dollar amounts.

If you are paid on a schedule which is not monthly, you must convert those amounts. Conversion are as follows:

- 1. Paid Weekly, multiply by 4.33
- 2. Paid bi-weekly, multiply by 2.16
- 3. Paid on the 1st and 15th, or on 15th and 30th/31st, multiply by 2
- 4. Paid annually divide by 12

1. Monthly gross salary or wages	1. \$ _____
2. Bonuses, commissions, allowances, overtime, tips, and similar payments	2. _____
3. Average monthly business income for previous 6 months from sources such as self-employment, partnerships, close corporations, and/or independent contracts (Gross receipts minus ordinary and necessary expenses required to produce income.) (● Attach sheet itemizing such income and expenses)	3. _____
4. Monthly disability benefits	4. _____
5. Monthly Workers' Compensation	5. _____
6. Monthly Unemployment Compensation	6. _____
7. Monthly pension, retirement, or annuity payments	7. _____
8. Monthly Social Security benefits	8. _____
9. Monthly alimony actually received	
9a. From this case: \$ _____	
9b. From other case(s) _____ Add 9a and 9b	9. _____
10. Monthly interest and dividends	10. _____
11. Monthly rental income (gross receipts minus ordinary and necessary expenses required to produce income) (● Attach sheet itemizing each item and amount)	11. _____
12. Monthly income from royalties, trusts, and estates	12. _____

13.	Monthly reimbursed expenses and in-kind payments to the extent that they reduce personal living expenses such as cars, travel, gas, phone, etc. (●Attach sheet itemizing each item and amount)	13. _____
14.	Monthly income from property such as CRP payments or subsidies	14. _____
15.	Public Assistance (Welfare, AFDC Payments, CHIPS, Etc.)	15. _____
16.	Severance Pay	16. _____
17.	Monthly Investment Income	17. _____
18.	Other: _____	18. _____
19.	Other: _____	19. _____
20.	Other: _____	20. _____
21.	PRESENT MONTHLY GROSS INCOME (Add lines 1-20) TOTAL:	21. _____

PRESENT MONTHLY DEDUCTIONS:**All amounts must be MONTHLY.**

If you have deductions which are not deducted on a monthly basis, you must convert those amounts. Conversion are as follows:

1. Paid Weekly, multiply by 4.33
2. Paid bi-weekly, multiply by 2.16
3. Paid on the 1st and 15th, or on 15th and 30th/31st, multiply by 2

- | | |
|---|-----------|
| 22. Present Monthly Federal Income Tax. | 22. _____ |
| a. Anticipated Filing Status for the Present Year: _____
(e.g. single, head of household, married filing separate, etc) | |
| b. Filing Status Last Year: _____ | |
| c. Anticipated Number of Dependents claimed for Present Year: _____ | |
| d. Number of Dependents claimed Last Year: _____ | |
| e. Number of Exemptions claimed for the Present Year: _____ | |
| f. Number of Exemptions claimed Last Year: _____ | |
| 23. Present Monthly State Income Tax | 23. _____ |
| a. Anticipated Filing Status for the Present Year: _____
(e.g. single, head of household, married filing separate, etc.) | |
| b. Filing Status Last Year: _____ | |
| c. Anticipated Number of Dependents claimed for Present Year: _____ | |
| d. Number of Dependents claimed Last Year: _____ | |
| e. Number of Exemptions claimed for the Present Year: _____ | |
| f. Number of Exemptions claimed Last Year: _____ | |
| 24. Monthly FICA or self-employment taxes | 24. _____ |
| 25. Monthly Medicare payment | 25. _____ |
| 26. Monthly mandatory union dues | 26. _____ |
| 27. Monthly mandatory retirement payments | 27. _____ |
| 28. Monthly court-ordered child support actually paid for children from another relationship | 28. _____ |
| 29. Monthly court-ordered alimony actually paid | |
| 28a. From this case: \$ _____ | |
| 28b. From other case(s): _____ Add 28a and 28b | 29. _____ |
| 30. Other Mandatory Monthly Deductions. | 30. _____ |
| 31. TOTAL MONTHLY DEDUCTIONS: (Add lines 22 through 29) | 31. _____ |
| 32. PRESENT NET MONTHLY INCOME (Total Gross Income minus Total Monthly Deductions) | 32. _____ |

SECTION III. MONTHLY EXPENSES

All amounts must be MONTHLY.

For any expenses which are not paid monthly, you must convert those amounts. Conversion are as follows:
1. Paid Weekly, multiply by 4.33
2. Paid bi-weekly, multiply by 2.16
3. Paid on the 1st and 15th, or on 15th and 30th/31st, multiply by 2
4. Paid annually divide by 12

A.	<u>HOUSEHOLD:</u>	PRE-SEPARATION	CURRENT:	PROPOSED/ ESTIMATE EXPENSES:
1.	Monthly mortgage or rent payments	1. _____	1. _____	1. _____
2.	Monthly property taxes (if not included in mortgage)	2. _____	2. _____	2. _____
3.	Monthly insurance on residence (if not included in mortgage)	3. _____	3. _____	3. _____
4.	Monthly homeowners' association fees	4. _____	4. _____	4. _____
5.	Monthly electricity	5. _____	5. _____	5. _____
6.	Monthly water, garbage, and sewer	6. _____	6. _____	6. _____
7.	Monthly telephone a. Land line b. Cell phone	7. _____	7. _____	7. _____
8.	Monthly residence gas	8. _____	8. _____	8. _____
9.	Monthly repairs and maintenance	9. _____	9. _____	9. _____
10.	Monthly lawn care	10. _____	10. _____	10. _____
11.	Monthly pest control	11. _____	11. _____	11. _____
12.	Monthly misc. household supplies	12. _____	12. _____	12. _____
13.	Monthly food	13. _____	13. _____	13. _____
14.	Monthly meals outside home	14. _____	14. _____	14. _____
15.	Monthly cable t.v.	15. _____	15. _____	15. _____
16.	Monthly internet service	16. _____	16. _____	16. _____
17.	Monthly alarm service contract	17. _____	17. _____	17. _____
18.	Monthly service contracts on appliances	18. _____	18. _____	18. _____
19.	Monthly maid service	19. _____	19. _____	19. _____
20.	Monthly dry cleaning and laundry	20. _____	20. _____	20. _____
21.	Monthly clothing	21. _____	21. _____	21. _____
22.	Monthly medical, dental, and prescription (only those not covered by insurance or otherwise reimbursed)	22. _____	22. _____	22. _____

23.	Monthly psychiatric, psychological, or counselor (only those not covered by insurance or otherwise reimbursed)	23. _____	23. _____	23. _____
24.	Monthly nonprescription medications, cosmetics, toiletries, and sundries	24. _____	24. _____	24. _____
25.	Monthly grooming	25. _____	25. _____	25. _____
26.	Monthly gifts	26. _____	26. _____	26. _____
27.	Monthly pet expenses	27. _____	27. _____	27. _____
28.	Monthly club dues and membership	28. _____	28. _____	28. _____
29.	Monthly sports and hobbies	29. _____	29. _____	29. _____
30.	Monthly entertainment	30. _____	30. _____	30. _____
31.	Monthly tolls and parking	31. _____	31. _____	31. _____
32.	Monthly periodicals/newspapers/ magazines/books/tapes/CDs	32. _____	32. _____	32. _____
33.	Monthly vacations	33. _____	33. _____	33. _____
34.	Monthly education expenses	34. _____	34. _____	34. _____
35.	SUBTOTAL	35. _____	35. _____	35. _____

B. VEHICLES AND BOATS

36.	Monthly gasoline and oil	36. _____	36. _____	36. _____
37.	Monthly repairs	37. _____	37. _____	37. _____
38.	Monthly tags	38. _____	38. _____	38. _____
39.	Monthly insurance for each vehicle	39. _____	39. _____	39. _____
	a. _____			
	b. _____			
	c. _____			
40.	Monthly payments (lease or financing)	40. _____	40. _____	40. _____
41.	Monthly alternative transportation (bus, rail, car pool, etc.)	41. _____	41. _____	41. _____
42.	Monthly tolls and parking	42. _____	42. _____	42. _____
43.	Other: _____	43. _____	43. _____	43. _____
44.	SUBTOTAL	44. _____	44. _____	44. _____

C. **MONTHLY EXPENSES FOR CHILDREN**
(In addition to the amount please indicate with "M" or "F" if the expense is normally paid by Mother or Father.)

45.	Monthly nursery, babysitting, or day care	45. _____	45. _____	45. _____
46.	Monthly school tuition	46. _____	46. _____	46. _____
47.	Monthly school supplies, books, fees and field trips	47. _____	47. _____	47. _____
48.	Monthly after school activities (School sponsored: Math, Drama, etc.)	48. _____	48. _____	48. _____
49.	Monthly lunch money	49. _____	49. _____	49. _____
50.	Monthly private lessons or tutoring (music, dance, tennis, etc.)	50. _____	50. _____	50. _____
51.	Monthly allowances (spending money, gas money, etc.)	51. _____	51. _____	51. _____
52.	Monthly clothing and uniforms	52. _____	52. _____	52. _____
53.	Monthly entertainment (movies, parties, etc.)	53. _____	53. _____	53. _____
54.	Monthly medical dental, prescriptions (nonreimbursed only)	54. _____	54. _____	54. _____
55.	Monthly psychiatric/psychological/counselor	55. _____	55. _____	55. _____
56.	Monthly orthodontic	56. _____	56. _____	56. _____
57.	Monthly beauty parlor/barber shop	57. _____	57. _____	57. _____
58.	Monthly nonprescription medication	58. _____	58. _____	58. _____
59.	Monthly cosmetics, toiletries, and sundries	59. _____	59. _____	59. _____
60.	Monthly gifts from child(ren) to others (other children, relatives, teachers, etc.)	60. _____	60. _____	60. _____
61.	Monthly cost of annual gifts to children (Christmas, Birthday, etc.)	61. _____	61. _____	61. _____
62.	Monthly camp or summer activities	62. _____	62. _____	62. _____
63.	Monthly clubs (4-H, Girl Scouts/Boy Scouts, etc.)	63. _____	63. _____	63. _____
64.	Monthly travel expenses for visitation with minor children	64. _____	64. _____	64. _____
65.	Other: _____	65. _____	65. _____	65. _____
66.	Other: _____	66. _____	66. _____	66. _____
67.	SUBTOTAL	67. _____	67. _____	67. _____

**D. MONTHLY EXPENSES FOR CHILD(REN)
FROM ANOTHER RELATIONSHIP:
(other than court-ordered child support)**

68. _____	68. _____	68. _____	68. _____
69. _____	69. _____	69. _____	69. _____
70. _____	70. _____	70. _____	70. _____
71. SUBTOTAL	71. _____	71. _____	71. _____

E. MONTHLY INSURANCE:

72. Health/ Medical Insurance	72. _____	72. _____	72. _____
a. Insured Premium \$ _____			
b. Insured plus spouse Premium \$ _____			
c. Family Premium \$ _____			
73. Monthly Life Insurance Premiums	73. _____	73. _____	73. _____
74. Dental Insurance	74. _____	74. _____	74. _____
a. Insured Premium \$ _____			
b. Insured plus Spouse Premium \$ _____			
c. Family Premium \$ _____			
75. Disability Insurance Premiums	75. _____	75. _____	75. _____
76. Optical Insurance Premiums	76. _____	76. _____	76. _____
77. Other: _____	77. _____	77. _____	77. _____
78. SUBTOTAL	78. _____	78. _____	78. _____

F. OTHER MONTHLY EXPENSES NOT LISTED ABOVE:

79. Other: _____	79. _____	79. _____	79. _____
80. Other: _____	80. _____	80. _____	80. _____
81. Other: _____	81. _____	81. _____	81. _____
82. Other: _____	82. _____	82. _____	82. _____
83. SUBTOTAL	83. _____	83. _____	83. _____

84. TOTAL MONTHLY EXPENSES:
(Add all expense Subtotals plus the
monthly payments due on any liabilities
that are listed in Section V., A. Liabilities,
that you have not listed in 1-84)

84. _____	84. _____	84. _____
-----------	-----------	-----------

SUMMARY:

85. **TOTAL PRESENT MONTHLY NET INCOME**
(from line 32 of SECTION I. INCOME) 85. \$ _____ 85. \$ _____ 85. \$ _____
86. **TOTAL MONTHLY EXPENSES** (from line 84 above) 86. \$ _____ 86. \$ _____ 86. \$ _____
87. **SURPLUS** (If line 85 is more than line 86, subtract line 86 from line 85. This is the amount of your surplus. Enter that amount here.) 87. \$ _____ 87. \$ _____ 87. \$ _____
88. **(DEFICIT)** (If line 86 is more than line 85, subtract line 85 from line 86. This is the amount of your deficit. Enter that amount here.) 88. (\$ _____) 88. (\$ _____) 88. (\$ _____)

SECTION IV. ASSETS

A. REAL ESTATE The value of the real estate may be an estimate or a recent appraisal. If values are acquired from an appraisal, attach to this 8.05 Financial Statement Affidavit a copy of the appraisal. Attach additional sheets if necessary.

1. Address/Description: _____

Primary Use (Example: primary residence, rental property, etc.): _____

Date Acquired: _____

Original Cost: \$ _____

County Assessed Value (County Tax Appraisal): \$ _____

Current Fair Market Value: \$ _____

Appraisal _____ yes _____ no

Appraisal Attached? _____ yes _____ no

Estimate: _____ yes _____ no

Mortgage Balance: \$ _____

Equity (Fair Market Value minus Mortgage Balance) \$ _____

Titled in the Name of: _____

Comments: _____

2. Address/Description: _____

Primary Use (Example: primary residence, rental property, etc.): _____

Date Acquired: _____

Original Cost: \$ _____

County Assessed Value (County Tax Appraisal) \$ _____

Current Fair Market Value: \$ _____

Appraisal _____ yes _____ no

Appraisal Attached? _____ yes _____ no

Estimate: _____ yes _____ no

Mortgage Balance: \$ _____

Equity (Fair Market Value minus Mortgage Balance) \$ _____

Titled in the Name of: _____

Comments: _____

3. Address/Description: _____
Primary Use (Example: primary residence, rental property, etc.): _____
Date Acquired: _____
Original Cost: \$ _____
County Assessed Value (County Tax Appraisal) \$ _____
Current Fair Market Value: \$ _____
Appraisal _____ yes _____ no
Appraisal Attached? _____ yes _____ no
Estimate: _____ yes _____ no
Mortgage Balance: \$ _____
Equity (Fair Market Value minus Mortgage Balance) \$ _____
Titled in the Name of: _____
Comments: _____

TOTAL EQUITY: _____

B. MODULAR/ MOBILE HOMES.

1. Where is the Modular/ Mobile Home located? _____
Primary Use (Example: primary residence, rental property, etc.): _____
Registered in the name of: _____
Year: _____ Model: _____
Value: \$ _____
Loan Balance: \$ _____
Equity: \$ _____
Comments: _____

C. MOTOR VEHICLES (Cars, Trucks, RV's, Boats, Tractors, 4-Wheelers, Motorcycles, etc.) The appropriate value for motor vehicles is the NADA value or a value from a similar source such as Kelly's Blue Book (www.kbb.com) or Edmond's Blue Book (www.edmonds.com). If values are acquired from these or similar sources, attach to this 8.05 Financial Statement Affidavit a copy of the printout of the assessment. Attach additional sheets if necessary.

1. Registered in the name of: _____
Year: _____ Model: _____ Mileage: _____
How Cost Paid: _____
Value: \$ _____
Loan Balance: \$ _____
Equity: \$ _____
Printout Attached? _____ Yes _____ No

2. Registered in the name of: _____
Year: _____ Model: _____ Mileage: _____
How Cost Paid: _____
Value: \$ _____
Loan Balance: \$ _____
Equity: \$ _____
Printout Attached? _____ Yes _____ No

3. Registered in the name of: _____
Year: _____ Model: _____ Mileage: _____
How Cost Paid: _____
Value: \$ _____

Loan Balance: \$ _____
Equity: \$ _____
Printout Attached? _____ Yes _____ No

4. Registered in the name of: _____
Year: Model: Mileage: _____
How Cost Paid: _____
Value: \$ _____
Loan Balance: \$ _____
Equity: \$ _____
Printout Attached? _____ Yes _____ No

TOTAL EQUITY: _____

D. **OTHER PERSONAL PROPERTY** The value of personal property should be the fair market value. Fair market value is the price at which the item could be sold to a willing buyer, under no compulsion to buy. When valuing an item consider the present condition (wear and tear, etc.) Examples of fair market value may be obtained from flea markets, garage sales, pawn shops, etc. **Fair market value is not the replacement value or purchase price.** Attach additional sheets if necessary.

ITEM	VALUE
Furniture and Household Furnishings	
Tools	
Collectibles (art, coins, dolls, cars, etc.)	
Crystal, Silver, China, Gold	
Jewelry	
Sporting Equipment (guns, skis, golf clubs, etc.)	
Entertainment Equipment (televisions, stereo, pool table, etc.)	
Electronics (computers, digital cameras, printers, etc.)	
Lawn equipment	
Musical Instruments	
Other:	
Other:	
TOTAL VALUE	\$ _____

E. **FINANCIAL ACCOUNTS:** List all checking accounts, savings accounts, money market accounts, passbook accounts, credit union accounts, etc. in which you have an interest.

NAME(S) ON ACCOUNT	FINANCIAL INSTITUTION OR BANK NAME	TYPE OF ACCOUNT	LAST FOUR(4) DIGITS ON THE ACCOUNT	BALANCE 90 DAYS PRIOR TO DATE OF COMPLAINT FILED	CURRENT BALANCE AS OF ___/___/___
TOTAL CHECKING/ SAVINGS					\$ _____

F. OTHER INVESTMENTS List all IRAs, stocks, CD's, mutual funds, pension plans, bonds, 401(k), PERS, Deferred Compensation, etc.

NAME(S) ON INVESTMENT	NAME OF FINANCIAL INSTITUTION, BROKERAGE FIRM, ETC.	TYPE OF INVESTMENT	LAST FOUR (4) DIGITS ON THE ACCOUNT	BALANCE 90 DAYS PRIOR TO DATE OF COMPLAINT FILED	CURRENT BALANCE AS OF ___/___/___
TOTAL OTHER INVESTMENTS					\$ _____

G. CASH/CASH EQUIVALENTS AND OTHER ITEMS OF VALUE

	AMOUNT
Money in your possession (on hand)	
Money in banks, deposit boxes, etc. not listed above	
Money in personal or business safes, lock boxes, etc.	

Money being held for you by a third person or entity	
Other Cash:	
Other Cash:	
TOTAL CASH	\$ _____

H. LIFE INSURANCE

PERSON INSURED	OWNER OF POLICY	COMPANY	COVERAGE AMOUNT	LOANS	CASH VALUE	LAST FOUR (4) DIGITS OF POLICY	BENEFICIARY
	TOTAL CASH VALUE				\$		

I. FUTURE ASSETS If you have the right to receive assets or income in the future, such as accrued vacation, sick leave, bonus, income from a trust(s), etc. you must list them here.

FUTURE ASSETS	Possible Value
TOTAL FUTURE ASSETS	\$ _____

J. ALL OTHER ASSETS (You are required to list all assets of value in which you have an interest, that you have not listed elsewhere on this form)

DESCRIPTION OF ASSET	VALUE
Notes (Money owed to you in writing)	
Loans (Money owed to you not evidenced by a writing)	
Business Interest	
Patents, Copyrights, etc.	

Oil and Gas Interests	
Country Club and other Membership Interests (Hunting Clubs, etc.)	
Timber Rights	
Gold, Precious Metals	
Other:	
Other:	
TOTAL OTHER ASSETS	\$

SUMMARY

TOTAL ASSETS: \$
(ADD Total from previous Sections A through J).

SECTION V. LIABILITIES

A. **LIABILITIES** List all creditors including creditors of your spouse. Include all mortgage(s), car loans, credit cards, personal loans, medical providers, credit union loans, judgments, charge accounts, etc.

	CREDITOR	LAST FOUR (4) DIGITS OF ACCOUNT	PURPOSE/ REASON FOR DEBT	WHOSE NAME IS LISTED ON THE DEBT	CURRENT BALANCE DUE	MONTHLY PAYMENT DUE	WHO PAYS
1							
2							
3							
4							
5							
6							
7							
8							
9							

SECTION VI. SEPARATE PROPERTY and SEPARATE LIABILITIES			
TOTAL LIABILITIES	\$ _____	\$ _____	

B. **CONTINGENT LIABILITIES** If you have any future liabilities such as tax payments, judgments, pending lawsuits, etc. you must list them here.

DESCRIPTION OF CONTINGENT LIABILITIES	Contingent Amount Owed
TOTAL CONTINGENT LIABILITIES	\$ _____

SUMMARY
TOTAL LIABILITIES: \$ _____

(ADD Total from previous Sections A through B).
Please list any assets including real estate, modular/mobile homes, motor vehicles, personal property, financial accounts, other investments, cash/cash equivalents and other items of value, life insurance, future assets and all other assets which you believe are separate property and should not be divided or equitably distributed in a divorce proceeding and explain your reasons in the comments section.

Separate Asset	Comments:

Please list any liabilities including credit cards, judgments, tax liabilities, etc which you believe should not be divided or equitably distributed in a divorce proceeding and explain your reasons in the comments section.

Separate Liability	Comments:

ACKNOWLEDGMENT OF TRUTHFULNESS

I declare to the Court that the foregoing Exhibit “B” including attachments, is true and correct and that this declaration was executed on the _____ day of _____, 20____,

_____ Party's Signature

CERTIFICATE OF COMPLIANCE

I, _____, do hereby certify that I have this date complied with Rule 8.05 of the Uniform Chancery Court Rules, and that I have mailed and/or delivered a copy of a detailed written statement of actual income and expenses and assets and liabilities to the attorney for the opposing party or the opposing party.

SO CERTIFIED, this _____ day of _____, 20____.

Exhibit 1

If you are self-employed, own an interest in a business or farm, receive income from rental property, or report income or expenses on Schedule C, Schedule E, or Schedule F of your tax return, please complete the following. Use additional pages if necessary.

1. Please describe the business activity:_____
2. Do you actively work in the business? YES or NO (circle appropriate response).
If yes, please indicate the average number of hours worked per week:_____hours.
3. Does the business provide a vehicle for your personal use? YES or NO (circle appropriate response). If yes, please provide a description of the vehicle: _____

4. Does the business provide a vehicle for the use of any members of your immediate family? YES or NO (circle appropriate response). If yes, please provide a description of each vehicle and indicate the family member that drives the vehicle:_____
5. Do any members of your immediate family work in the business? YES or NO (circle appropriate response).
If yes, please list each family member, the duties of their position, number of hours worked per week, and the rate of pay.

Name	Duties/ Job Description	Hours Worked Per Week	Pay Per Week

6. Does the business pay any expenses on your behalf or on behalf of your immediate family? YES or NO (circle the appropriate response). If yes, please describe each expense and provide the cost of the expense.
(Examples: Credit Cards, Utilities, Auto Repairs, Fuel, Insurance, Cell Phone, School Tuition, Oil Changes, Medical Expenses, Pet Expenses, Meals, etc.)

Description of the Expense	Amount of Expense Paid by the Business

7. Does the business provide you with anything of value or a tax benefit or any “perks”?
YES or NO (circle appropriate response). If yes, please describe each item of value, each tax benefit and every “perk” and provide the cost or monetary value of the same. (Examples: Hunting Leases, Country Club (dues, stock or expenses), Sporting Event Tickets, Vacations, etc.)

Description of item of value, tax benefit or “perk”	Cost or Monetary Value

8. Does the business own any assets that are not necessary for its operation?
YES or NO (circle appropriate response)
If yes, please describe the asset.
(Example: Land or Art held for investment, boats, condominiums, vehicles, etc.)

8.05 FINANCIAL DECLARATION DOCUMENT PRODUCTION REQUEST

You, _____ (name of party) must produce to _____ (name of opposing party or his/her attorney) within 30 days, the documents checked below if you have them in your possession or control, or if you can secure copies upon reasonable request.

- _____ 1. Copies of your past three (3) year's Federal and State Income Tax returns, in full form as filed.
- _____ 2. A copy of your most recent Social Security Earnings Statement or a completed Form SSA-7050-F4.
- _____ 3. Your most recent pay check stub.
- _____ 4. Your most recent W-2's.
- _____ 5. All 1099's received by you in the past year.
- _____ 6. All K-1's received by you in the past year.
- _____ 7. Copies of the past three (3) year's Federal and State Tax Income Tax returns, in full form as filed, for any partnership, limited liability company, corporation or limited partnership in which you own or have an interest
- _____ 8. Copies of your checking and saving account statements for the past twelve (12) months.
- _____ 9. Copies of your investment and brokerage account statements for the past twelve (12) months.
- _____ 10. Copies of your Certificates of Deposit, Bonds, or Stock.
- _____ 11. Copies of your IRA, 401(K), SEP, PERS, Pension, Deferred Compensation and any other retirement account for the past twelve (12) months.
- _____ 12. Copies of the declaration sheet for all life insurance policies owned by you or on which you have been a beneficiary for the past twelve (12) months.
- _____ 13. Copies of all credit card statements on which you have made charges for the past six (6) months.
- _____ 14. Copies of all loans, mortgages, promissory notes, or other documents showing debts owned by you, or debts owed to you by others.

- _____ 15. Copies of all deeds to real property.
- _____ 16. Copies of all certificates of title. (Example: Boats, Vehicles, Campers, etc.)
- _____ 17. Copies of all appraisals.
- _____ 18. Copies of all documents referenced or used to complete the 8.05 Financial Statement Form.

Requested by () mail () fax or () hand delivery on this the _____ day of _____, 20__.

(Signature, address and telephone number of requesting party or his/her attorney)

- _____ 15. Copies of all deeds to real property.
- _____ 16. Copies of all certificates of title. (Example: Boats, Vehicles, Campers, etc.)
- _____ 17. Copies of all appraisals.
- _____ 18. Copies of all documents referenced or used to complete the 8.05 Financial Statement Form.

Requested by () mail () fax or () hand delivery on this the _____ day of _____, 20__.

(Signature, address and telephone number of requesting party or his/her attorney)

8.05 FINANCIAL DECLARATION DOCUMENT PRODUCTION RESPONSE

Pursuant to the 8.05 Financial Declaration Document Production Request form dated _____ and requested by _____ (name of opposing party or his/her attorney) I, _____ (name of party or attorney) certify that I have produced the following documents (check all that are produced). For those not produced, I certify that I do not have copies in my possession or control, nor are copies available to me upon reasonable request. If I have failed to produce documents for any other reason, those reasons are set forth below and correspond to each numbered request; and I certify that those reasons are true and correct.

- _____ 1. Copies of my past three (3) year's Federal and State Income Tax returns, in full form as filed.
- _____ 2. A copy of your most recent Social Security Earnings Statement or a completed Form SSA-7050-F4.
- _____ 3. My most recent pay check stub.
- _____ 4. My most recent W-2's.
- _____ 5. All 1099's received by me in the past year.
- _____ 6. All K-1's received by me in the past year.
- _____ 7. Copies of the past three (3) year's Federal and State Tax Income Tax returns, in full form as filed, for any partnership, limited liability company, corporation or limited partnership in which I own or have an interest
- _____ 8. Copies of my checking and saving account statements for the past twelve (12) months.
- _____ 9. Copies of my investment and brokerage account statements for the past twelve (12) months.
- _____ 10. Copies of my Certificates of Deposit, Bonds, or Stock.
- _____ 11. Copies of my IRA, 401(K), SEP, PERS, Pension, Deferred Compensation and any other retirement account for the past twelve (12) months.
- _____ 12. Copies of the declaration sheet for all life insurance policies owned by me or on which I have been a beneficiary for the past twelve (12) months.

- _____ 13. Copies of all credit card statements on which I have made charges for the past six (6) months.
- _____ 14. Copies of all loans, mortgages, promissory notes, or other documents showing debts owned by me, or debts owed to me by others.
- _____ 15. Copies of all deeds to real property.
- _____ 16. Copies of all certificates of title. (Example: Boats, Vehicles, Campers, etc.)
- _____ 17. Copies of all appraisals.
- _____ 18. Copies of all documents referenced or used to complete the 8.05 Financial Statement Form.

Reason(s) for failure to produce documents requested in _____ (insert request number): _____

Reason(s) for failure to produce documents requested in _____ (insert request number): _____

So CERTIFIED and PRODUCED by () mail, () fax, or () hand delivered to: _____ (other party or his/her attorney including full name, address and fax number) on this the _____ day of _____, 20__.

(Signature, address and telephone number of producing party or his/her attorney)

ANNOTATIONS

Uniform Chancery Court Rule 8.05 and Ex. “A” and “B”
27B C.J.S. Financial Circumstances of Parties, Consideration, Counsel Fees and Expenses, *Divorce* § 358

§ 3-4. Child Custody, Support and Property Settlement Agreement.

NOTE: In Section III of the form, a child support sum is called for. The Child Support Guidelines are set forth in Miss. Code Ann. §§ 43-19-101 and 43-19-103, and call for the following calculations:

(Gross Income – Deductions to Income) x (Number of Children Percentage)

The “Gross Income” number is the parent’s annual gross income from all potential sources that may reasonably be expected to be available to the absent parent including, but not limited to, the following: wages and salary income; income from self employment; income from commissions; income from investments, including dividends, interest income and income on any trust account or property; absent parent’s portion of any joint income of both parents; workers’ compensation, disability, unemployment, annuity and retirement benefits, including an individual retirement account (IRA); any other payments made by any person, private entity, federal or state government or any unit of local government; alimony; any income earned from an interest in or from inherited property; any other form of earned income; and gross income shall exclude any monetary benefits derived from a second household, such as income of the absent parent’s current spouse [Miss. Code Ann. § 43-19-101(3)(a)].

The “Deductions to Income” number is made up of the annual total of:

(i) federal, state and local taxes (contributions to the payment of taxes over and beyond the actual liability for the taxable year is not considered a mandatory deduction);

(ii) social security contributions;

(iii) retirement and disability contributions, except any voluntary retirement and disability contributions [Miss. Code Ann. § 43-19-101(3)(b)].

In addition, if the absent parent is subject to an existing court order for another child or children, subtract the amount of that court-ordered support [Miss. Code Ann. § 43-19-101(3)(c)]; and, if the absent parent is also the parent of another child or other children residing with him or her, then the court may subtract an amount that it deems appropriate to account for the needs of said child or children [Miss. Code Ann. § 43-19-101(3)(d)].

Once the deductions are taken, the annual income figure is divided by 12 to reach an adjusted monthly income figure [Miss. Code Ann. § 43-19-101(3)(e)]. Then, the appropriate percentage of that adjusted income figure, based on the number of children, determines the base amount:

One child, 14% (that is, multiply the adjusted monthly income figure by .14);

Two children, 20% (multiply the adjusted monthly income figure by .20);

Three children, 22% (multiply the adjusted monthly income figure by .22);

Four children, 24% (multiply the adjusted monthly income figure by .24);

Five or more children, 26% (multiply the adjusted monthly income figure by .26) [Miss. Code Ann. § 43-19-101(1)].

Counsel should note that the formula creates only a rebuttable presumption of a proper award, and that the presumption may be overcome by a specific finding on the record that the application of the guidelines would be unjust or inappropriate in a particular case as determined according to the following criteria [Miss. Code Ann. § 43-19-103]:

- (a) Extraordinary medical, psychological, educational or dental expenses.
- (b) Independent income of the child.
- (c) The payment of both child support and spousal support to the obligee.
- (d) Seasonal variations in one or both parents' incomes or expenses.
- (e) The age of the child, taking into account the greater needs of older children.
- (f) Special needs that have traditionally been met within the family budget even though the fulfilling of those needs will cause the support to exceed the proposed guidelines.
- (g) The particular shared parental arrangement, such as where the noncustodial parent spends a great deal of time with the children thereby reducing the financial expenditures incurred by the custodial parent, or the refusal of the noncustodial parent to become involved in the activities of the child, or giving due consideration to the custodial parent's homemaking services.
- (h) Total available assets of the obligee, obligor and the child.
- (i) Payment by the obligee of child care expenses in order that the obligee may seek or retain employment, or because of the disability of the obligee.
- (j) Any other adjustment which is needed to achieve an equitable result which may include, but not be limited to, a reasonable and necessary existing expense or debt.

All orders involving support of minor children, as a matter of law, shall include reasonable medical support. The following shall be entered as findings on the record or in the court's judgment:

- (a) The availability to all parties of health insurance coverage for the child(ren); and
- (b) The cost of health insurance coverage to all parties.

The court shall then make appropriate provisions in the judgment for the provision of health insurance coverage for the child(ren) in the manner that is in the best interests of the child(ren). If the court requires the custodial parent to obtain the coverage then its cost shall be taken into account in establishing the child support award. If the court determines that health insurance coverage is not available to any party or that it is not available to either party at a cost that is reasonable as compared to the income of the parties, then the court shall make specific findings as to such either on the record or in the judgment. In that event, the court shall make appropriate provisions in the judgment for the payment of medical expenses of the child(ren) in the absence of health insurance coverage.

ANNOTATIONS

Miss. Code Ann. § 93-5-2

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, § 28:10 - § 28:16, § 28:17 - § 28:30, § 28:38 (2001)

Jeffrey M. Williams, *Mississippi's Child Support Guidelines: Need, Process and Review*, 70 Miss. L.J. 1065

Right To Credit On Child Support For Contributions To Housing Costs, Utility Bills, And Other Alleged Household Necessities Made For Child's Benefit While Child Is Not Living With Obligor Parent, 123 A.L.R.5th 565

Basis For Imputing Income For Purpose Of Determining Child Support Where Obligor Spouse Is Voluntarily Unemployed Or Underemployed, 76 A.L.R.5th 191

Consideration Of Obligor's Personal-Injury Recovery Or Settlement In Fixing Alimony Or Child Support, 59 A.L.R.5th 489

Application Of Child-Support Guidelines To Cases Of Joint-, Split-, Or Similar Shared-Custody Arrangements, 57 A.L.R.5th 389

Right To Credit On Child Support Payments For Social Security Or Other Government Dependency Payments Made For Benefit Of Child, 34 A.L.R.5th 447

Consideration Of Obligated Spouse's Earnings From Overtime Or "Second Job" Held In Addition To Regular Full-Time Employment In Fixing Alimony Or Child Support Awards, 17 A.L.R.5th 143

State Court's Authority, In Marital Or Child Custody Proceeding, To Allocate Federal Income Tax Dependency Exemption For Child To Noncustodial Parent Under § 152(e) of the Internal Revenue Code, 77 A.L.R.4th 786

24A Am.Jur.2d *Child Custody* §§ 929-1000

24A Am.Jur.2d *Child Custody* §§ 1001-1107

24A Am.Jur.2d *Property Settlement, Separation & Support Agreements* § 1187

22 Am.Jur. *Trials* 347 *Child Custody Litigation*

22 Am.Jur. *Trials* 505 *Modification of Custodial Decree & Visitation Rights*

65 Am.Jur. *Trials* 127 *Relocation of Children by the Custodial Parent*

27C C.J.S. *Custody of Children* § 618, et seq.

27C C.J.S. *Child Support* § 665, et seq.

27C C.J.S. *Property Settlement Agreements & Stipulations, Disposition of Property, Divorce* § 572, et seq.

§ 3-5. Agreed Final Judgment of Divorce — Irreconcilable Differences.

ANNOTATIONS

Miss. Code Ann. § 93-5-2

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, § 28:6 (2001)

24 Am.Jur.2d *Divorce & Separation* § 1-1209

24 Am.Jur.2d *Irretrievable Breakdown of Marriage* § 24

24 Am.Jur.2d *No Fault Divorce* § 251

27A C.J.S. *Divorce* § 18

Chapter 4

GENERAL LITIGATION

Part 1. Miscellaneous Litigation Forms.

- § 4-1. Entry of Appearance.
- § 4-2. Conditional Assumption of Defense and Indemnification Letter.
- § 4-3. Subpoena Duces Tecum.
- § 4-4. Motion to Quash Subpoena.
- § 4-5. Notice of Hearing.
- § 4-6. Motion to Partially Quash Subpoena Duces Tecum and for Protective Order.
- § 4-7. Protective Order.
- § 4-8. Authorization for Release of Records.
- § 4-9. Notice of Deposition.
- § 4-10. Defendants' Notice of 30(b)(6) Deposition.
- § 4-11. Expert Designations in Federal Court.
- § 4-11A. Motion to Dismiss Seller in Stream of Commerce from Product Liability Action.
- § 4-12. Full, Complete, and Final Settlement Release.
- § 4-13. Confidential Full, Final and Complete Release.
- § 4-14. Agreed Order of Dismissal with Prejudice.
- § 4-15. Petition for Approval of Third Party Settlement and Settlement of Workers' Compensation Claim.
- § 4-16. Order Approving Third Party Settlement and Settlement of Workers' Compensation Claim.
- § 4-17. Petition for Authority to Compromise Claim of Minor for Less Than \$10,000.00.
- § 4-18. Decree Authorizing Compromise of Claim of Minor for Less Than \$10,000.00.

Part 2. Mississippi Rules Of Civil Procedure Forms.

- § 4-19. Summons and Proof of Service — Rules of Civil Procedure Form 1A.
- § 4-20. Summons and Sheriff's Return — Rules of Civil Procedure Form 1AA.
- § 4-21. Notice and Acknowledgement for Service by Mail — Rules of Civil Procedure Form 1B.
- § 4-22. Summons by Publication — Rules of Civil Procedure Form 1C.
- § 4-23. Rule 81 Summons (Sheriff or Process Server) — Rules of Civil Procedure Form 1D.
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- § 4-30. Complaint on Account Stated — Rules of Civil Procedure Form 6.
- § 4-31. Complaint for Goods Sold and Delivered — Rules of Civil Procedure Form 7.
- § 4-32. Complaint for Work and Labor Done — Rules of Civil Procedure Form 8.
- § 4-33. Complaint for Money Lent — Rules of Civil Procedure Form 9.
- § 4-34. Complaint for Money Paid by Mistake — Rules of Civil Procedure Form 10.
- § 4-35. Complaint for Money Had and Received — Rules of Civil Procedure Form 11.
- § 4-36. Complaint for Money Paid by Plaintiff for Defendant — Rules of Civil Procedure Form 12.
- § 4-37. Complaint on a Policy of Life Insurance — Rules of Civil Procedure Form 13.
- § 4-38. Complaint on a Policy of Fire Insurance — Rules of Civil Procedure Form 14.
- § 4-39. Complaint for Negligence or Wantonness — Rules of Civil Procedure Form 15.
- § 4-40. Complaint Assault and Battery — Rules of Civil Procedure Form 16.
- § 4-41. Complaint for False Imprisonment — Rules of Civil Procedure Form 17.
- § 4-42. Complaint for Malicious Prosecution — Rules of Civil Procedure Form 18.
- § 4-43. Complaint for Fraud — Rules of Civil Procedure Form 19.
- § 4-44. Complaint on a Warranty — Rules of Civil Procedure Form 20.

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- § 4-64. Designation of the Record — Rules of Appellate Procedure Form 2.
- § 4-65. Certificate of Compliance with Rule 11(b)(1) — Rules of Appellate Procedure Form 3.
- § 4-66. Affidavit to Accompany Motion for Leave to Appeal in Forma Pauperis — Rules of Appellate Procedure Form 4.
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- § 4-85. Letter of Undertaking — Form 9.
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- § 4-98. Affidavit of _____, FRCP Supplemental F(1) — Form 22.
- § 4-99. Ad Interim Stipulation for Value, FRCP Supplemental F(1) — Form 23.
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Part 1. Miscellaneous Forms.**§ 4-1. Entry of Appearance.**

ANNOTATIONS

4 Am.Jur.2d Appearance of Parties §§ 1-4

§ 4-2. Conditional Assumption of Defense and Indemnification Letter.

ANNOTATIONS

J. Jackson & M. Miller, ENCYCLOPEDIA OF MISSISSIPPI LAW, §§ 69:17, 69:21 (2001)

Liability Insurance: Insurer's Assumption Of Or Continuation In Defense Of Action Brought Against The Assured As Waiver Or Estoppel As Regards Defense Of Noncoverage Or Other Defense Existing At Time Of Accident, 38 A.L.R.2d 1148

41 Am.Jur.2d *Indemnity* §§ 28, 29

§ 4-3. Subpoena Duces Tecum.

ANNOTATIONS

MRCP 45

Miss. Code Ann. § 41-9-103, § 11-1-51

Mississippi Rules Annotated

Form, Particularity, And Manner Of Designation Required In Subpoena Duces Tecum For Production Of Corporate Books, Records, And Documents, 23 A.L.R.2d 862

23 Am.Jur.2d *Depositions* § 95

98C C.J.S. *Witness* §§ 35-52

§ 4-4. Motion to Quash Subpoena.

ANNOTATIONS

MRCP 45

Mississippi Rules Annotated

98 C.J.S. *Witnesses* § 52

§ 4-5. Notice of Hearing.

ANNOTATIONS

MRCP 45

Mississippi Rules Annotated

§ 4-6. Motion to Partially Quash Subpoena Duces Tecum and for Protective Order.

ANNOTATIONS

MRCP 26, 45

Mississippi Rules Annotated

Construction And Effect Of Rules 30(b), (d), 31(d), Of The Federal Rules Of Civil Procedure, And Similar State Statutes And Rules, Relating To Preventing, Limiting, Or Terminating The Taking Of Depositions, 70 A.L.R.2d 685

62B Am.Jur.2d *Process* § 41

60 C.J.S. *Motions* § 46-47

§ 4-7. Protective Order.

ANNOTATIONS

MRCP 26

Mississippi Rules Annotated

J. Jackson & M. Miller, ENCYCLOPEDIA OF MISSISSIPPI LAW, § 13:79 (2001)

23 Am.Jur.2d *Depositions and Discovery* §§29, 84-107

27 C.J.S. *Discovery* § 106

§ 4-8. Authorization for Release of Records.

ANNOTATIONS

MRE 503

Mississippi Rules Annotated

J. Jackson & M. Miller, ENCYCLOPEDIA OF MISSISSIPPI LAW, § 36:7 (2001)

75 Am.Jur.2d *Trial* § 13

27 C.J.S. *Discovery* § 84

§ 4-9. Notice of Deposition.

ANNOTATIONS

MRCP 30

Mississippi Rules Annotated

J. Jackson & M. Miller, ENCYCLOPEDIA OF MISSISSIPPI LAW, §§ 13:81 – 13:86 (2001)

Construction And Effect Of Rules 30(b), (d), 31(d), Of The Federal Rules Of Civil Procedure, And Similar State Statutes And Rules, Relating To Preventing, Limiting, Or Terminating The Taking Of Depositions, 70 A.L.R.2d 685

23 Am.Jur.2d *Depositions and Discovery* §§ 124, 126, 139, 140, 141, 142, 146, 166

26B C.J.S. *Depositions* §§ 59-66

§ 4-10. Notice of 30(b)(6) Deposition.

ANNOTATIONS

MRCP 30

Mississippi Rules Annotated

J. Jackson & M. Miller, ENCYCLOPEDIA OF MISSISSIPPI LAW, § 13:88 (2001)

Construction And Effect Of Rules 30(b), (d), 31(d), Of The Federal Rules Of Civil Procedure, And Similar State Statutes And Rules, Relating To Preventing, Limiting, Or Terminating The Taking Of Depositions, 70 A.L.R.2d 685

Sanctions Available Under Rule 37, Federal Rules of Civil Procedure, Other Than Exclusion Of Expert Testimony, For Failure To Obey Discovery Order Not Related To Expert Witness, 156 A.L.R. Fed. 601

Federal District Court's Power To Impose Sanctions On Non-Parties For Abusing Discovery Process, 149 A.L.R. Fed. 589

23 Am.Jur.2d *Depositions and Discovery* §§ 139, 140

27 C.J.S. *Discovery* § 17

§ 4-11. Expert Designations in Federal Court.

ANNOTATIONS

FRCP 26(a)(2)

Federal District Court Uniform Local Rule 26.1

J. Jackson & M. Miller, ENCYCLOPEDIA OF MISSISSIPPI LAW, § 13:133 (2001)

Propriety Of Exclusion Of Expert Testimony As Sanction Under Federal Civil Procedure Rule 37(b)(2)(B) For Violation Of Discovery Order, 151 A.L.R. Fed. 561

§ 4-11A. Motion to Dismiss Seller in Stream of Commerce from Product Liability Action.

IN THE CHANCERY COURT OF _____ COUNTY, MISSISSIPPI

_____, PLAINTIFF

v. CIVIL ACTION NO. _____

_____, DEFENDANT

COMES NOW _____ and for its motion to dismiss the complaint says:

1. On _____, 20__, _____ was served with a complaint naming _____ as a defendant in an action seeking damages based on a products liability claim.

2. _____'s liability is based solely on _____'s status as a seller in the stream of commerce.

3. Another defendant, _____, is properly before the Court, and recovery on the products liability claim may be had from _____.

4. Under Mississippi Annotated Code Section 11-1-64, _____ is therefore entitled to an order of dismissal of the claim without prejudice.

WHEREFORE, PREMISES CONSIDERED, _____ prays for an order dismissing the claim, and for such other relief as is just and proper in the premises.

Respectfully submitted,

Name

By:

Of Counsel

OF COUNSEL:

Name and address

IN THE CHANCERY COURT OF _____ COUNTY, MISSISSIPPI

_____, PLAINTIFF

v. CIVIL ACTION NO. _____

_____, DEFENDANT

**AFFIDAVIT ACCOMPANYING MOTION TO DISMISS PRODUCT
LIABILITY CLAIM AGAINST SELLER IN STREAM OF COMMERCE**

I, _____, being first duly sworn, depose and say that I am a defendant in this case; that in support of my motion to dismiss the claim, I state that I am aware of no facts or circumstances on which a verdict could be reached against me, other than my status as a seller in the stream of commerce.

I understand that a false statement in this affidavit will subject me to penalties for perjury.

Signature of Affiant

ANNOTATIONS

MRCP 12

Mississippi Rules Annotated

§ 4-12. Full, Complete, and Final Settlement Release.

ANNOTATIONS

FRCP 26(a)(2)

Federal District Court Uniform Local Rule 26.1

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 21:1 – 21:73 (2001)

66 Am.Jur.2d *Release* § 1 et seq.

76 C.J.S. *Release* § 1 et seq.

§ 4-13. Confidential Full, Final and Complete Release.

ANNOTATIONS

FRCP 26(a)(2)

Federal District Court Uniform Local Rule 26.1

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, § 21-1 through § 21-73 (2001)

66 Am.Jur.2d *Release* § 1 et seq.

76 C.J.S. *Release* § 1 et seq.

§ 4-14. Agreed Order of Dismissal with Prejudice.

ANNOTATIONS

MRCP 41

Miss. Code Ann. § 71-3-71

Mississippi Rules Annotated

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, § 13:203 (2001)

24 Am.Jur.2d *Dismissal* § 10

27 C.J.S. *Dismissal and Nonsuit* § 9

§ 4-15. Petition for Approval of Third Party Settlement and Settlement of Workers' Compensation Claim.

ANNOTATIONS

Miss. Code Ann. § 71-3-29, § 71-3-71

Powe v. Jackson, 236 Miss. 11, 109 So. 2d 546 (1956)

M. Sean Sullivan, *Achieving the Best Tax Treatment for your Physical Injury Client's Settlement Award*, 66 Miss. L.J. 579

Workmen's Compensation: Attorney's Fee Or Other Expenses Of Litigation Incurred By Employee In Action Against Third Party Tortfeasor As Charge Against Employer's Distributive Share, 74 A.L.R.3d 854

82 Am.Jur.2d *Workers' Compensation* §§ 481, 507-516

100 C.J.S. *Workers' Compensation* § 748

101 C.J.S. *Workers' Compensation* § 1510

§ 4-16. Order Approving Third Party Settlement and Settlement of Workers' Compensation Claim.

ANNOTATIONS

Miss. Code Ann. § 71-3-29, § 71-3-71

Powe v. Jackson, 236 Miss. 11, 109 So. 2d 546 (1956)

M. Sean Sullivan, Achieving the Best Tax Treatment for your Physical Injury Client's Settlement Award, 66 Miss. L.J. 579

Annotation: Workmen's Compensation: Attorney's Fee Or Other Expenses Of Litigation Incurred By Employee In Action Against Third Party Tortfeasor As Charge Against Employer's Distributive Share, 74 A.L.R.3d 854

82 Am.Jur.2d *Workers' Compensation* §§ 481, 507-516

100 C.J.S. *Workers' Compensation* § 748

101 C.J.S. *Workers' Compensation* § 1510

§ 4-17. Petition for Authority to Compromise Claim of Minor for Less Than \$10,000.00.

ANNOTATIONS

Miss. Code Ann. § 93-13-59, § 93-13-211

42 Am.Jur.2d *Infants* § 58

59 Am.Jur.2d *Parent and Child* §§ 40, 57, 71

15A C.J.S. *Compromise and Settlement* § 50

§ 4-18. Decree Authorizing Compromise of Claim of Minor for Less Than \$10,000.00.

ANNOTATIONS

Miss. Code Ann. § 93-13-59, § 93-13-211

42 Am.Jur.2d *Infants* § 58

59 Am.Jur.2d *Parent and Children* §§ 40, 57, 71

15A C.J.S. *Compromise and Settlement* § 50

Part 2. Mississippi Rules of Civil Procedure Forms.

§ 4-19. Summons and Proof of Service — Rules of Civil Procedure Form 1A.

ANNOTATIONS

MRCP 4

Mississippi Rules Annotated

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 13:25-13:26; 13:29-13:31; 13:33-13:35 (2001)

62B *Am.Jur.2d Process* §§ 66-93; §§ 105-113; §§ 126-134; §§ 146-150; §§ 164-167; §§ 169-170; §§ 201-203; §§ 219-227; § 307; §§ 317-347 (1990)

72 *C.J.S. Process* §§ 12-23; 77

§ 4-20. Summons and Sheriff's Return — Rules of Civil Procedure Form 1AA.

ANNOTATIONS

MRCP 4

Mississippi Rules Annotated

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, § 13:38 (2001)

72 *C.J.S. Process* §§ 78-88

§ 4-21. Notice and Acknowledgement for Service by Mail — Rules of Civil Procedure Form 1B.

ANNOTATIONS

MRCP 4

Mississippi Rules Annotated

72 *C.J.S. Process* § 46

§ 4-22. Summons by Publication — Rules of Civil Procedure Form 1C.

ANNOTATIONS

MRCP 4

Mississippi Rules Annotated

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, § 13:32 (2001)

62B *Am.Jur.2d Process* § 168; § 241; §§ 253-262

72 *C.J.S. Process* §§ 58-72

§ 4-23. Rule 81 Summons (Sheriff or Process Server) — Rules of Civil Procedure Form 1D.

ANNOTATIONS

MRCP 4, 81

Mississippi Rules Annotated

J. Jackson & M. Miller, ENCYCLOPEDIA OF MISSISSIPPI LAW, §§ 13:46 – 13:48 (2001)

§ 4-24. Rule 81 Summons (Summons by Publication) — Rules of Civil Procedure Form 1DD.

ANNOTATIONS

MRCP 4, 81

Mississippi Rules Annotated

J. Jackson & M. Miller, ENCYCLOPEDIA OF MISSISSIPPI LAW, §§ 13:46 – 13:47 (2001)

§ 4-25. Waiver of Process — Rules of Civil Procedure Form 1E.

FORM 1E. WAIVER OF PROCESS

IN THE _____ COURT OF COUNTY, MISSISSIPPI

A.B. Plaintiff

v.

Civil Action, File No. _____

C.D. Defendant

WAIVER OF PROCESS

The undersigned (name), whose post office address is _____ and whose street address is _____, does hereby waive the service of summons and (designate any pleading on which service is being waived) upon myself in this cause.

In executing this document I certify that I am not an unmarried minor and am not mentally incompetent.

(In addition the person executing the waiver may add any or all of the following to the document:)

[Furthermore, by the filing of this document, I enter my appearance in this cause]

just as if I had been served more than 30 days prior to this date]

[and agree that this action may be heard and disposed of without further notice to me]

[and join in this action and in the prayer for relief]

This the ____ day of _____, 20__.

Name

STATE OF _____)
COUNTY OF _____)

Personally appeared before me, the undersigned authority for the jurisdiction aforesaid, the within named _____ who acknowledged that he signed and delivered the above and foregoing instrument on the day and year therein mentioned.

Given under my hand this the ____ day of _____, 20__.

Notary Public

My Commission Expires:

[In lieu of the above acknowledgment the following oath may be used:]

STATE OF _____)
COUNTY OF _____)

Personally appeared before me the undersigned authority in and for the jurisdiction aforesaid the within named _____ who, being first by me duly sworn, states on oath that the matters and facts set forth in the foregoing instrument are true and correct as therein stated.

Name

Sworn to and subscribed before me this the ____ day of _____, 20__.

Notary Public

My Commission Expires:

[Adopted effective February 1, 1990; amended effective July 1, 2009 to delete convicted felony exception.]

FORM 2. COMPLAINT ON A PROMISSORY NOTE

1. Defendant on or about _____, 19__, executed and delivered to Plaintiff a promissory note [in the following words and figures: (here set out the note verbatim)]; [a copy of which is hereto annexed as Exhibit A]; [whereby defendant promised to pay to plaintiff or order on ____
_, 19__, the sum of ____ dollars with interest thereon at the rate of ____ percent per annum] [and agreed to pay a reasonable attorney's fee for collection].

2. Defendant owes to plaintiff [the amount of said note] [\$_____ that is due on said note] and interest.

Wherefore plaintiff demands judgment against defendant for the sum of _____ dollars, interest, attorney's fee, and costs.

Attorney for Plaintiff

ANNOTATIONS

MRCP 4

Mississippi Rules Annotated

J. Jackson & M. Miller, ENCYCLOPEDIA OF MISSISSIPPI LAW, § 13:40 (2001)

62B Am.Jur.2d *Process* § 111 (1990)

72 C.J.S. *Process* § 46 (1987)

§ 4-26. Complaint on a Promissory Note — Rules of Civil Procedure Form 2.

ANNOTATIONS

MRCP 7 – 11

Mississippi Rules Annotated

J. Jackson & M. Miller, ENCYCLOPEDIA OF MISSISSIPPI LAW, § 15:1 (2001)

§ 4-27. Complaint on Covenant or Agreement — Rules of Civil Procedure Form 3.

ANNOTATIONS

MRCP 7 – 11

Mississippi Rules Annotated

§ 4-28. Complaint for Specific Performance — Rules of Civil Procedure Form 4.

ANNOTATIONS

MRCP 7 – 11

Mississippi Rules Annotated

§ 4-29. Complaint on an Open Account — Rules of Civil Procedure Form 5.

ANNOTATIONS

MRCP 7 – 11

Mississippi Rules Annotated

§ 4-30. Complaint on Account Stated — Rules of Civil Procedure Form 6.

ANNOTATIONS

MRCP 7 – 11

Mississippi Rules Annotated

§ 4-31. Complaint for Goods Sold and Delivered — Rules of Civil Procedure Form 7.

ANNOTATIONS

MRCP 7 – 11

Mississippi Rules Annotated

J. Jackson & M. Miller, ENCYCLOPEDIA OF MISSISSIPPI LAW §§ 64:1 – 64:102; 64:16 – 64:19; 64:76 – 64:85 (2001)

§ 4-32. Complaint for Work and Labor Done — Rules of Civil Procedure Form 8.

ANNOTATIONS

MRCP 7 – 11

Mississippi Rules Annotated

§ 4-33. Complaint for Money Lent — Rules of Civil Procedure Form 9.

ANNOTATIONS

MRCP 7 – 11

Mississippi Rules Annotated

§ 4-34. Complaint for Money Paid by Mistake — Rules of Civil Procedure Form 10.

ANNOTATIONS

MRCP 7 – 11

Mississippi Rules Annotated

70 C.J.S. *Payment* § 113 & 114

§ 4-35. Complaint for Money Had and Received — Rules of Civil Procedure Form 11.

ANNOTATIONS

MRCP 7 – 11

Mississippi Rules Annotated

§ 4-36. Complaint for Money Paid by Plaintiff for Defendant — Rules of Civil Procedure Form 12.

ANNOTATIONS

MRCP 7 – 11

Mississippi Rules Annotated

§ 4-37. Complaint on a Policy of Life Insurance — Rules of Civil Procedure Form 13.

ANNOTATIONS

MRCP 7 – 11

Mississippi Rules Annotated

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 40:27 – 40:29, 40:94

§ 4-38. Complaint on a Policy of Fire Insurance — Rules of Civil Procedure Form 14.

ANNOTATIONS

MRCP 7 – 11

Mississippi Rules Annotated

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 40:30, 40:98-40:106 (2001)

§ 4-39. Complaint for Negligence or Wantonness — Rules of Civil Procedure Form 15.

NOTE: In 2002, the Mississippi Legislature passed the Tort Reform Act [Chapter 4, Third Extraordinary Session, Laws of 2002], which includes among its provisions affecting tort causes of action filed on or after January 1, 2003:

Miss. Code Ann. § 11-11-3 (venue)

Miss. Code Ann. § 85-5-7 (apportionment of fault among joint tortfeasors)

Miss. Code Ann. § 11-1-65 (punitive damages limitations)

Miss. Code Ann. § 11-1-69 (loss of enjoyment of life no longer separate measure of damages from pain and suffering)

ANNOTATIONS

MRCP 7 – 11

Mississippi Rules Annotated

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 52:6 – 52:8, 52:1 – 52:55 (2001)

57A Am.Jur.2d *Negligence* § 1 et seq.

57A Am.Jur.2d *Negligence* § 729

61A Am.Jur.2d *Pleading* § 217

61B Am.Jur.2d *Pleading* § 926

57A C.J.S. *Negligence* § 1 et seq.

57A C.J.S. *Negligence* §§ 714-743

§ 4-40. Complaint Assault and Battery — Rules of Civil Procedure Form 16.

NOTE: In 2002, the Mississippi Legislature passed the Tort Reform Act [Chapter 4, Third Extraordinary Session, Laws of 2002], which includes among its provisions affecting tort causes of action filed on or after January 1, 2003:

Miss. Code Ann. § 11-11-3 (venue)

Miss. Code Ann. § 85-5-7 (apportionment of fault among joint tortfeasors)

Miss. Code Ann. § 11-1-65 (punitive damages limitations)

Miss. Code Ann. § 11-1-69 (loss of enjoyment of life no longer separate measure of damages from pain and suffering)

ANNOTATIONS

MRCP 7 – 11

Mississippi Rules Annotated

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 23:61 – 23:69 (2001)

6 Am.Jur.2d *Assault and Battery* §§ 159 and 160

6A C.J.S. *Assault and Battery* §§ 31-33

§ 4-41. Complaint for False Imprisonment — Rules of Civil Procedure Form 17.

NOTE: In 2002, the Mississippi Legislature passed the Tort Reform Act [Chapter 4, Third Extraordinary Session, Laws of 2002], which includes among its provisions affecting tort causes of action filed on or after January 1, 2003:

Miss. Code Ann. § 11-11-3 (venue)

Miss. Code Ann. § 85-5-7 (apportionment of fault among joint tortfeasors)

Miss. Code Ann. § 11-1-65 (punitive damages limitations)

Miss. Code Ann. § 11-1-69 (loss of enjoyment of life no longer separate measure of damages from pain and suffering)

ANNOTATIONS

MRCP 7 – 11

Mississippi Rules Annotated

32 Am.Jur.2d *False Imprisonment* §§ 121-124

35 C.J.S. *False Imprisonment* §§ 51-52

§ 4-42. Complaint for Malicious Prosecution — Rules of Civil Procedure Form 18.

NOTE: In 2002, the Mississippi Legislature passed the Tort Reform Act [Chapter 4, Third Extraordinary Session, Laws of 2002], which includes among its provisions affecting tort causes of action filed on or after January 1, 2003:

Miss. Code Ann. § 11-11-3 (venue)

Miss. Code Ann. § 85-5-7 (apportionment of fault among joint tortfeasors)

Miss. Code Ann. § 11-1-65 (punitive damages limitations)

Miss. Code Ann. § 11-1-69 (loss of enjoyment of life no longer separate measure of damages from pain and suffering)

ANNOTATIONS

MRCP 7 – 11

Mississippi Rules Annotated (2012), Published by the Litigation/General Practice Section of The Mississippi Bar

52 Am.Jur.2d *Malicious Prosecution* § 128

54 C.J.S. *Malicious Prosecution* §§ 67-72

§ 4-43. Complaint for Fraud — Rules of Civil Procedure Form 19.

NOTE: In 2002, the Mississippi Legislature passed the Tort Reform Act [Chapter 4, Third Extraordinary Session, Laws of 2002], which includes among its provisions affecting tort causes of action filed on or after January 1, 2003:

Miss. Code Ann. § 11-11-3 (venue)

Miss. Code Ann. § 85-5-7 (apportionment of fault among joint tortfeasors)

Miss. Code Ann. § 11-1-65 (punitive damages limitations)

Miss. Code Ann. § 11-1-69 (loss of enjoyment of life no longer separate measure of damages from pain and suffering)

ANNOTATIONS

MRCP 7 – 11

Mississippi Rules Annotated

37 Am.Jur.2d *Fraud and Deceit* §§ 450-470

37 C.J.S. *Fraud* §§ 86-93

§ 4-44. Complaint on a Warranty — Rules of Civil Procedure Form 20.

NOTE: In 2002, the Mississippi Legislature passed the Tort Reform Act [Chapter 4, Third Extraordinary Session, Laws of 2002], which includes among its provisions affecting tort causes of action filed on or after January 1, 2003:

Miss. Code Ann. § 11-11-3 (venue)

Miss. Code Ann. § 85-5-7 (apportionment of fault among joint tortfeasors)

Miss. Code Ann. § 11-1-64 (immunity for sellers of defective products in stream of commerce)

Miss. Code Ann. § 11-1-65 (punitive damages limitations)

Miss. Code Ann. § 11-1-69 (loss of enjoyment of life no longer separate measure of damages from pain and suffering)

ANNOTATIONS

MRCP 7 – 11

Mississippi Rules Annotated

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 64:28 – 64:35 (2001)

67 Am.Jur.2d *Sales* §§ 690-852

77A C.J.S. *Sales* §§ 278-283

§ 4-45. Complaint for Conversion — Rules of Civil Procedure Form 21.

NOTE: In 2002, the Mississippi Legislature passed the Tort Reform Act [Chapter 4, Third Extraordinary Session, Laws of 2002], which includes among its provisions affecting tort causes of action filed on or after January 1, 2003:

Miss. Code Ann. § 11-11-3 (venue)

Miss. Code Ann. § 85-5-7 (apportionment of fault among joint tortfeasors)

Miss. Code Ann. § 11-1-65 (punitive damages limitations)

Miss. Code Ann. § 11-1-69 (loss of enjoyment of life no longer separate measure of damages from pain and suffering)

ANNOTATIONS

MRCP 7 – 11

Mississippi Rules Annotated

18 Am.Jur.2d *Conversion* §§ 150-157

18 C.J.S. *Conversion* §§ 1-37

§ 4-46. Motion to Dismiss Pursuant to Rule 12(b) — Rules of Civil Procedure Form 22.

ANNOTATIONS

MRCP 12

Mississippi Rules Annotated

J. Jackson & M. Miller, ENCYCLOPEDIA OF MISSISSIPPI LAW, §§ 13:18 – 18:22 (2001)

61 Am.Jur.2d *Pleading* §§ 536-576

71 C.J.S. *Pleading* §§ 622-670

§ 4-47. Answer Presenting Defenses Under Rule 12(b) — Rules of Civil Procedure Form 23.

ANNOTATIONS

MRCP 12

Mississippi Rules Annotated

J. Jackson & M. Miller, ENCYCLOPEDIA OF MISSISSIPPI LAW, §§ 13:18 – 13:22 (2001)

61 Am.Jur.2d *Pleading* §§ 220-338

71 C.J.S. *Pleading* §§ 159-208

§ 4-48. Motion to Bring in Third-Party Defendant — Rules of Civil Procedure Form 24.

ANNOTATIONS

MRCP 14

Mississippi Rules Annotated

J. Jackson & M. Miller, ENCYCLOPEDIA OF MISSISSIPPI LAW, § 13:11 (2001)

Right of Defendant Under Rules 14(a) and 18(a) of Federal Rules of Civil Procedure to Assert Against Third-Party Properly in Case, Claim for Damages in Excess of, or Different From, Those Sought by Original Plaintiff, 12 A.L.R. Fed. 877

45 Am.Jur.2d *Interpleader* §§ 36-40

48 C.J.S. *Interpleader* §§ 9, 25-46

§ 4-49. Third-Party Complaint — Rules of Civil Procedure Form 25.

ANNOTATIONS

MRCP 14

Mississippi Rules Annotated

J. Jackson & M. Miller, ENCYCLOPEDIA OF MISSISSIPPI LAW, § 13:11 (2001)

45 Am.Jur.2d *Interpleader* § 40

48 C.J.S. *Interpleader* § 34

§ 4-50. Motion to Intervene as a Defendant Under Rule 24 — Rules of Civil Procedure Form 26.

ANNOTATIONS

MRCP 24

Mississippi Rules Annotated

J. Jackson & M. Miller, ENCYCLOPEDIA OF MISSISSIPPI LAW, §§ 13:60 – 13:63 (2001)

§ 4-51. Motion to Drop Defendant or for Severance of Claims — Rules of Civil Procedure Form 27.

ANNOTATIONS

MRCP 12, 20, 21, 42

Mississippi Rules Annotated

J. Jackson & M. Miller, ENCYCLOPEDIA OF MISSISSIPPI LAW, §§ 162, 164 (2001)

1 Am.Jur.2d *Actions* §§ 110-130

1A C.J.S. *Actions* § 224

§ 4-52. Motion by Defendant for Severance of Claims of Several Plaintiffs — Rules of Civil Procedure Form 28.

ANNOTATIONS

MRCP 20, 21, 42

Mississippi Rules Annotated

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 13:53 – 13:55, 13:158 – 13:162 (2001)

75 Am.Jur.2d *Trial* §§ 117-48, 152-56

35A C.J.S. *Federal Civil Procedure* §§ 40, 46, 102, 113, 124, 174-75, 177, 324

35B C.J.S. *Federal Civil Procedure* §§ 790, 809, 916-17

§ 4-53. Motion by Plaintiff to Add Defendant — Rules of Civil Procedure Form 29.

ANNOTATIONS

MRCP 15, 19, 20

Mississippi Rules Annotated

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 13:10, 13:53, 13:56 (2001)

Richard T. Phillips, *Litigation In Mississippi Today: A Symposium: Class Actions & Joinder In Mississippi*, 71 Miss. L.J. 447

Propriety Of Use Of Fictitious Name Of Defendant In Federal District Court, 139 A.L.R. Fed. 553

Rule 15(c), Federal Rules of Civil Procedure, Or State Law As Governing Relation Back Of Amended Pleading, 100 A.L.R. Fed. 880

Construction And Application Of Rule 15(d) of Federal Rules of Civil Procedure Providing For Allowance Of Supplemental Pleadings Setting Forth Transactions, Occurrences, Or Events Subsequent To Original Pleadings, 28 A.L.R. Fed. 129

Amendment of Pleading to Add, Substitute, or Change Capacity of, Party Plaintiff as Relating Back to Date of Original Pleading, Under Rule 15(c) of Federal Rules of Civil Procedure, so as to Avoid Bar of Limitations, 12 A.L.R. Fed. 233

75B Am.Jur.2d *Trial* § 1928

35A C.J.S. *Federal Civil Procedure* §§ 40, 46, 102, 113, 116, 175, 177, 322, 324

35B C.J.S. *Federal Civil Procedure* §§ 209, 917

§ 4-54. Motion by Defendant to Bring in Additional Defendant — Rules of Civil Procedure Form 30.

ANNOTATIONS

MRCP 15, 19, 20

Mississippi Rules Annotated

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 13:10, 13:53, 13:56 (2001)

Richard T. Phillips, *Litigation In Mississippi Today: A Symposium: Class Actions & Joinder In Mississippi*, 71 Miss. L.J. 447

Propriety Of Use Of Fictitious Name Of Defendant In Federal District Court, 139 A.L.R. Fed. 553

Rule 15(c), Federal Rules of Civil Procedure, Or State Law As Governing Relation Back Of Amended Pleading, 100 A.L.R. Fed. 880

Construction And Application Of Rule 15(d) of Federal Rules of Civil Procedure Providing For Allowance Of Supplemental Pleadings Setting Forth Transactions, Occurrences, Or Events Subsequent To Original Pleadings, 28 A.L.R. Fed. 129

Amendment of Pleading to Add, Substitute, or Change Capacity of, Party Plaintiff as Relating Back to Date of Original Pleading, Under Rule 15(c) of Federal Rules of Civil Procedure, so as to Avoid Bar of Limitations, 12 A.L.R. Fed. 233

75B Am.Jur.2d *Trial* § 1928

35A C.J.S. *Federal Civil Procedure* §§ 40, 46, 102, 113, 116, 175, 177, 322, 324

35B C.J.S. *Federal Civil Procedure* §§ 209, 917

§ 4-55. Motion by Defendant to Add Additional Plaintiff — Rules of Civil Procedure Form 31.

ANNOTATIONS

MRCP 15, 19

Mississippi Rules Annotated

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 13:10, 13:56 (2001)

75B Am.Jur.2d *Trial* § 1928

35A C.J.S. *Federal Civil Procedure* §§ 91, 95-96, 104-05, 112-13, 172, 181, 318, 322-27, 338, 347

71 C.J.S. *Pleading* § 436

§ 4-56. Answer to Complaint Set Forth in Form 11 with Counter-Claim for Interpleader — Rules of Civil Procedure Form 32.

ANNOTATIONS

MRCP 12, 22

Mississippi Rules Annotated

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 13:58 (2001)

45 Am.Jur.2d *Interpleader* § 1 et seq.

61A Am.Jur.2d *Pleading* § 339

61B Am.Jur.2d *Pleading* § 906

35A C.J.S. *Federal Civil Procedure* §§ 45, 301, 318; *Interpleader* § 1 et seq.

35B C.J.S. *Federal Civil Procedure* §§ 209, 917

§ 4-57. Plaintiff's Motion for Substitution — Deceased Party Defendant — Rules of Civil Procedure Form 33.

ANNOTATIONS

MRCP 25

Mississippi Rules Annotated

Sufficiency Of Suggestion Of Death Of Party, Filed Under Rule 25(a)(1) of Federal Rules of Civil Procedure, Governing Substitutions Of Party After Death, 105 A.L.R. Fed. 816

Construction Of Federal Rule 25(a)(1) As Permitting Substitution, As A Party, Of Personal Representative Of A Nonresident Decedent, 79 A.L.R.2d 532

59 Am.Jur.2d *Parties* §§ 218, 231, 233

35A C.J.S. *Federal Civil Procedure* §§ 156-58, 162, 164

35B C.J.S. *Federal Civil Procedure* § 805

§ 4-58. Pre-Trial Order — Rules of Civil Procedure Form 34.

ANNOTATIONS

MRCP 16

Mississippi Rules Annotated

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 13:165 - 13:166 (2001)

62A Am.Jur.2d *Trial* § 1928

35A C.J.S. Federal Civil Procedure § 527

35B C.J.S. Federal Civil Procedure § 907

88 C.J.S. *Trial* § 49 n.21, § 54 n.1, 2

§ 4-59. Motion for Judgment Notwithstanding the Verdict, or in the Alternative, for New Trial — Rules of Civil Procedure Form 35.

ANNOTATIONS

MRCP 50

Mississippi Rules Annotated

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 13:185 - 13:193 (2001)

Practice And Procedure With Respect To Motions For Judgment Notwithstanding Or In Default Of Verdict Under Federal Civil Procedure Rule 50(b) Or Like State Provisions, 69 A.L.R.2d 449

46 Am.Jur.2d *Judgments* §§ 322, 326, 328, 330-37

58 Am.Jur.2d *New Trial* §§ 6, 60, 80, 385, 499, 551, 555-56

75A Am.Jur.2d *Trial* §§ 941, 950, 952

35B C.J.S. *Federal Civil Procedure* §§ 973, 1089, 1093, 1098, 1219-1226

§ 4-60. Application to Clerk for Entry of Default and Supporting Affidavit — Rules of Civil Procedure Form 36.

ANNOTATIONS

MRCP 55

Mississippi Rules Annotated

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 13:209 – 13:211 (2001)

2 Am.Jur.2d *Administrative Law* § 568

46 Am.Jur.2d *Judgments* §§ 260, 262, 265-66, 269, 277-78, 280-81, 285, 289, 299-301, 303, 308, 312-13, 316

35B C.J.S. *Federal Civil Procedure* §§ 1122-1130, 1133

§ 4-61. Docket for Entry of Default — Rules of Civil Procedure Form 37.

ANNOTATIONS

MRCP 55

Mississippi Rules Annotated

J. Jackson & M. Miller, ENCYCLOPEDIA OF MISSISSIPPI LAW, § 13:210 (2001)

2 Am.Jur.2d *Administrative Law* § 56846 Am.Jur.2d *Judgments* §§ 289, 30835B C.J.S. *Federal Civil Procedure* §§ 1123-1126**§ 4-62. Default Judgment Entered by Court — Rules of Civil Procedure Form 38.**

ANNOTATIONS

MRCP 55

Mississippi Rules Annotated

J. Jackson & M. Miller, ENCYCLOPEDIA OF MISSISSIPPI LAW, § 13:210 (2001)

46 Am.Jur.2d *Judgments* §§ 278, 289, 30635B C.J.S. *Federal Civil Procedure* §§ 1124, 1126, 1128

Part 3. Mississippi Rules of Appellate Procedure Forms.

§ 4-63. Notice of Appeal — Rules of Appellate Procedure Form 1.

ANNOTATIONS

MRAP 3, 4

Mississippi Rules Annotated

L. Munford, MISSISSIPPI APPELLATE PRACTICE §§ 6.4 – 6.7 (3rd Ed., 2002)

5 Am.Jur.2d *Appellate Review* §§ 325-348

4 C.J.S. *Appeal and Error* §§ 368-387

§ 4-64. Designation of the Record — Rules of Appellate Procedure Form 2.

ANNOTATIONS

MRAP 10

Mississippi Rules Annotated

L. Munford, MISSISSIPPI APPELLATE PRACTICE § 7.1 (3rd Ed., 2002)

5 Am.Jur.2d *Appellate Review* §§ 488-489

4 C.J.S. *Appeal and Error* §§ 496-505

§ 4-65. Certificate of Compliance with Rule 11(b)(1) — Rules of Appellate Procedure Form 3.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM 3

IN THE _____ COURT OF THE _____ JUDICIAL
DISTRICT OF _____ COUNTY, MISSISSIPPI

VS.

PLAINTIFF

DEFENDANT

NO. _____

CERTIFICATE OF COMPLIANCE WITH RULE 11(b)(1)

I, _____, attorney for appellant _____, I have complied with M.R.A.P.
11(b) and that the estimated cost of preparing the designated record on appeal is \$ _____,
and I have on or before this day deposited that sum with the clerk of this Court.

This the ____ day of _____, 20____.

Respectfully submitted,
[APPELLANT]
s/ _____
Attorney for Appellant
[Address]

CERTIFICATE OF SERVICE

I, _____, attorney for appellant _____, certify that I
have this day served a copy of this Certificate of Compliance with Rule 11(b)(1) by United
States mail with postage prepaid on the following persons at these addresses:

[Attorney for appellee with address]
[Court reporter with address]

This the ____ day of _____, 20____.

Attorney for Appellant

[Adopted to govern matters filed on or after January 1, 1995; amended May 23, 2002.]

ANNOTATIONS

- MRAP 11
- Mississippi Rules Annotated
- L. Munford, MISSISSIPPI APPELLATE PRACTICE § 7.2 (3rd Ed., 2002)
- 5 Am.Jur.2d *Appellate Review* § 920
- 4 C.J.S. *Appeal and Error* § 320
- 20 C.J.S. *Costs* § 176

§ 4-66. Affidavit to Accompany Motion for Leave to Appeal in Forma Pauperis — Rules of Appellate Procedure Form 4.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM 4

IN THE CIRCUIT COURT OF THE _____ JUDICIAL DISTRICT
OF _____ COUNTY, MISSISSIPPI*

STATE OF MISSISSIPPI

VS.

NO. _____

AFFIDAVIT TO ACCOMPANY MOTION FOR LEAVE TO
APPEAL IN FORMA PAUPERIS

I, _____, being first duly sworn, depose and say that I am the _____
_____ in this case; that, in support of my motion to proceed on appeal without being
required to prepay fees and costs, I state that because of my poverty I am unable to pay the
fees and costs of this proceeding and that I believe I am entitled to redress.

I further swear that the responses which I have made to the question and instructions
below relating to my ability to pay the fees and costs of prosecuting the appeal are true.

1. Are you presently employed? _____

a. If the answer is yes, state the amount of your salary and wages per month and
give the name and address of your employer.

b. If the answer is no, state the date of your last employment and the amount of
the salary and wages per month which you received.

2. Have you received within the past twelve months any income from a business,
profession or other form of self-employment, or in the form of rental payments,
interest, dividends, or other source? _____

a. If the answer is yes, describe each source of income and state the amount
received from each during the past twelve months. _____

3. Do you own any cash or checking or savings account? _____

a. If the answer is yes, state the total value of the items owned.

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)?

a. If the answer is yes, describe the property and state its approximate value.

5. List the persons who are dependent upon you for support and state your relationship to those persons.

I understand that a false statement or answer to any question or instruction in this affidavit will subject me to penalties for perjury.

Signature of Applicant

STATE OF _____
COUNTY OF _____

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20____.

Notary Public

MY COMMISSION EXPIRES _____

* An affidavit filed in the Supreme Court accompanying an application under M.R.A.P. 22 for post-conviction collateral relief after an appeal has been affirmed or dismissed should be captioned "In the Supreme Court of Mississippi."

[Adopted to govern matters filed on or after January 1, 1995; amended May 23, 2002.]

ANNOTATIONS

MRAP 6

Mississippi Rules Annotated

L. Munford, MISSISSIPPI APPELLATE PRACTICE § 9.2 (3rd Ed., 2002)

5 Am.Jur.2d *Appellate Review* §§ 408-409

4 C.J.S. Appeal and Error § 324

§ 4-67. Appeal Bond to Supreme Court of Mississippi with Supersedeas — Rules of Appellate Procedure Form 5.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM 5

IN THE _____ COURT OF THE _____ JUDICIAL
DISTRICT OF _____ COUNTY, MISSISSIPPI

VS.

PLAINTIFF
NO. _____
DEFENDANT

APPEAL BOND TO SUPREME COURT OF MISSISSIPPI
WITH SUPERSEDEAS

STATE OF MISSISSIPPI
COUNTY OF _____

BECAUSE IN THIS CAUSE pending in the _____ Court of the _____ Judicial District of _____ County, Mississippi, a final judgment was entered in favor of _____, plaintiff, against _____, [one of the] defendant[s], on _____, 20____, and defendant's post-trial motions were denied, the defendant, _____, desires to prosecute an appeal to the Supreme Court of Mississippi with supersedeas pursuant to Mississippi Rule of Civil Procedure 62 and M.R.A.P. Rule 8.

KNOW ALL BY THIS BOND, that we, _____, as principal, and _____, a guaranty or surety company authorized to do business in the State of Mississippi, are held and firmly bound unto plaintiff _____, or [his/her/its] administrators, executors, successors or assigns, in the penal sum of \$_____ for which payment to be made, we bind ourselves, our successors and assigns, jointly and severally.

THE CONDITION OF THE FOREGOING OBLIGATION is that, if the defendant, _____, shall prosecute this appeal with effect in the Supreme Court of Mississippi and shall satisfy the judgment complained of in full, together with costs, interest, penalties, and damages, if for any reason the appeal is dismissed or if the judgment is affirmed, or shall satisfy in full such modification of the judgment and such costs, interest and damages as the Supreme Court of Mississippi or the Court of Appeals may adjudge against the defendant, then this obligation will be void; otherwise, it will remain in full force and effect.

[Principal]

BY: s/ _____
[Principal or Attorney]

[Guaranty or Surety Company]

BY: s/ _____
Agent and Attorney-in-Fact
[Guaranty or Surety Company]
[Address]*

THIS SUPERSEDEAS BOND AND SURETY ARE APPROVED and the judgment
complained of is stayed pending appeal on this the ____ day of _____, 20____.

_____, Clerk,
_____ County, Mississippi

* The address should be an address to which the clerk of the trial court can send notice of a
motion to enforce liability. See M.R.A.P. 8(d).

[Adopted to govern matters filed on or after January 1, 1995; amended May 23, 2002.]

ANNOTATIONS

MRAP 8, 41
Mississippi Rules Annotated
L. Munford, MISSISSIPPI APPELLATE PRACTICE § 8.2 (3rd Ed., 2002)
5 Am.Jur.2d *Appellate Review* § 441
4 C.J.S. *Appeal and Error* §§ 421-433

§ 4-68. List of Clerk's Papers — Rules of Appellate Procedure Form 6.

ANNOTATIONS

MRAP 11(d)

Mississippi Rules Annotated

L. Munford, MISSISSIPPI APPELLATE PRACTICE § 7.4 (3rd Ed., 2002)

5 Am.Jur.2d *Appellate Review* § 516

4 C.J.S. *Appeal and Error* §§ 518-521

Part 4. United States District Court Forms.**§ 4-68A. Case Management Order — U.S. District Court Form 1.**

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM 1 (ND/SD MISS. JUL. 2011)

UNITED STATES DISTRICT COURT
CHOOSE DISTRICT: DISTRICT OF MISSISSIPPI
CHOOSE DIVISION:

Enter Plaintiff(s) here:

PLAINTIFF

v.

CIVIL ACTION
No.

Enter Defendant(s) here:

DEFENDANT

CASE MANAGEMENT ORDER

This Order, including all deadlines, has been established with the participation of all parties and can be modified only by order of the Court on a showing of good cause supported with affidavits, other evidentiary materials, or reference to portions of the record.

IT IS HEREBY ORDERED:

1. ESTIMATED DAYS OF TRIAL: _____
- ESTIMATED TOTAL NUMBER OF WITNESSES: _____
- EXPERT TESTIMONY EXPECTED: Yes NO. OF EXPERTS:

2. ALTERNATIVE DISPUTE RESOLUTION [ADR].

Alternative dispute resolution techniques appear helpful and will be used in this civil action as follows:

3. CONSENT TO TRIAL BY UNITED STATES MAGISTRATE JUDGE.

The parties consent to trial by a United States Magistrate Judge.

FORM 1 (ND/SD MISS. JUL. 2011)

4. DISCLOSURE.

The following additional disclosure is needed and is hereby ordered:

5. MOTIONS; ISSUE BIFURCATION.

Staged resolution, or bifurcation of the issues for trial in accordance with FED. R. CIV. P. 42 (b) will assist in the prompt resolution of this action. Accordingly, the Court orders that:

Early filing of the following motion(s) might significantly affect the scope of discovery or otherwise expedite the resolution of this action:

6. DISCOVERY PROVISIONS AND LIMITATIONS.

- A. Interrogatories are limited to _____ succinct questions.
- B. Requests for Production and Requests for Admissions are limited to _____ succinct questions.
- C. Depositions are limited to the parties, experts, and no more than _____ fact witness depositions per party without additional approval of the Court.

FORM 1 (ND/SD MISS. JUL. 2011)

- D. The parties have complied with the requirements of Local Rule 26(e)(2)(B) regarding discovery of electronically stored information and have concluded as follows [The parties **MUST** state whether or not there is ESI and, if so, how they propose to address it]:

E. The court imposes the following further discovery provisions or limitations:

- ☐ 1. Defendant may have a Fed. R. Civ. P. 35 (L.U.Civ.R. 35) medical examination of the plaintiff (within subpoena range of the court) by a physician who has not examined the plaintiff. The examination must be completed in time to comply with expert designation deadlines.
- ☐ 2. Pursuant to Rule 502(d) of the Federal Rules of Evidence, the attorney-client privilege and the work-product protections are not waived by any disclosure connected within this litigation pending before this Court. Further, the disclosures are not waived in any other federal or state proceeding.
- ☐ 3. Plaintiff must execute a waiver of the medical privilege.
- ☐ 4. Other:

FORM 1 (ND/SD MISS. JUL. 2011)

Additional Provisions:

7. SCHEDULING DEADLINES

- A. Trial.** This action is set for JURY TRIAL
beginning on: _____, at 9:00, a.m., in Choose City: _____,
Mississippi, before United States District Judge _____. THE
ESTIMATED NUMBER OF DAYS FOR TRIAL IS _____. ANY CONFLICTS WITH
THIS TRIAL DATE MUST BE SUBMITTED IN WRITING TO THE TRIAL JUDGE
IMMEDIATELY UPON RECIEPT OF THIS CASE MANAGEMENT ORDER.
- B. Pretrial.** The pretrial conference is set on: _____, at 9:00, a.m.,
in Choose City: _____, Mississippi, before United States District
Judge _____.
- C. Discovery.** All discovery must be completed by: _____.
- D. Amendments.** Motions for joinder of parties or amendments to the pleadings must be
filed by: _____.
- E. Experts.** The parties' experts must be designated by the following dates:
1. Plaintiff(s): _____.
2. Defendant(s): _____.

FORM 1 (ND/SD MISS. JUL. 2011)

8. MOTIONS. All dispositive motions and *Daubert*-type motions challenging another party's expert must be filed by:_____. The deadline for motions *in limine* is fourteen days before the pretrial conference; the deadline for responses is seven days before the pretrial conference.

9. SETTLEMENT CONFERENCE.

If the parties desire judicial assistance to settle the case after initial discovery, they will contact the Court to request a date for a settlement conference when they have obtained the discovery necessary to make the conference effective.

10. REPORT REGARDING ADR. On or before (7 days before FPTC) _____, the parties must report to the undersigned all ADR efforts they have undertaken to comply with the Local Rules or provide sufficient facts to support a finding of just cause for failure to comply. *See L.U.Civ.R.83.7(f)(3).*

SO ORDERED:

DATE

UNITED STATES MAGISTRATE JUDGE

§ 4-69. Notice of Receipt of Original Deposition — U.S. District Court Form 2(a).

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

Print Form

Reset Form

FORM 2(a) (ND/SD Miss. Dec. 2011)

UNITED STATES DISTRICT COURT
CHOOSE : DISTRICT OF MISSISSIPPI

Plaintiff

v.

CIVIL ACTION
No.

Defendant

NOTICE OF RECEIPT OF ORIGINAL DEPOSITION

To: All Counsel of Record

1. Pursuant to L.U.CIV.R. 5(d)(2), notice is hereby given that I have received, and will retain as the custodian thereof, the original of the following deposition:

Deponent: _____

Taken at the instance of: _____

2. Pursuant to L.U.CIV.R. 5(d)(2), a copy of the cover sheet accompanying this deposition is attached hereto as "Exhibit A."

Date

Signature

Typed Name & Bar Number

Attorney for: _____

ANNOTATIONS

Federal District Court Uniform Local Rule 5.1(B)
23 Am.Jur.2d Depositions and Discovery § 100
35A C.J.S. Federal Civil Procedure § 596

§ 4-70. Notice of Service of Interrogatories or Requests for Production of Documents or Responses Thereto — U.S. District Court Form 2(b).

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

Print Form

Reset Form

FORM 2(b) (ND/SD Miss. Dec. 2011)

UNITED STATES DISTRICT COURT
CHOOSE : DISTRICT OF MISSISSIPPI

Plaintiff

v.

CIVIL ACTION
No.

Defendant

NOTICE OF SERVICE OF INTERROGATORIES OR REQUESTS FOR
PRODUCTION OF DOCUMENTS OR RESPONSES THERETO

To: All Counsel of Record

Pursuant to L.U.CIV.R. 5(d)(3), notice is hereby given that on the date entered below I served the following discovery device(s):

(✓) Check as appropriate:

- ☒ Interrogatories to: _____
- ☐ Requests for Production of Documents to: _____
- ☐ Requests for Admissions to: _____
- ☐ Responses to Interrogatories of: _____
- ☐ Responses to Requests for Production of Documents of: _____

Form 2(b) (ND/SD Miss. Dec. 2011)

☐

Responses to Requests for
Admissions of:

Pursuant to L.U.Civ.R. 5(d)(3), I acknowledge my responsibilities as the custodian of the original(s) of the documents(s) identified above.

Date

Signature

Typed Name & Bar Number

ANNOTATIONS

Federal District Court Uniform Local Rule 5.1 (c)
23 Am.Jur.2d *Depositions and Discovery* §§ 122 et seq., 146 et seq.
35A C.J.S. *Federal Civil Procedure* §§ 536, 664, 689, 696

§ 4-71. Notice of Service of Pre-Discovery Disclosure Information — U.S. District Court Form 2(c).

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

Print Form

Reset Form

FORM 2(c) (ND/SD Miss. Dec. 2011)

UNITED STATES DISTRICT COURT
CHOOSE : DISTRICT OF MISSISSIPPI

Plaintiff

v.

CIVIL ACTION
No.

Defendant

NOTICE OF SERVICE OF PRE-DISCOVERY DISCLOSURE INFORMATION

To: All Counsel of Record

Notice is hereby given that, on the date entered below,

disclosed to _____, the information required by L.U.Civ.R. 26(a).

Date

Signature

Typed Name & Bar Number

Attorney for: _____

ANNOTATIONS

Federal District Court Uniform Local Rule 26.1

23 Am.Jur.2d Depositions and Discovery § 9

§ 4-72. Pre-Trial Order — U.S. District Court Form 3.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

Print Form	Reset Form
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FORM 3 (ND/SD Miss. Dec. 2011)

UNITED STATES DISTRICT COURT
CHOOSE : DISTRICT OF MISSISSIPPI

Plaintiff

v.

CIVIL ACTION
No.

Defendant

PRETRIAL ORDER

1. Choose [by a ✓ mark] one of the following paragraphs, as is appropriate to the action:

If a pretrial conference was held

A pretrial conference was held as follows:

Date: _____ Time: _____

United States Courthouse
at:

_____ Choose City: _____, Mississippi,

before the following judicial
officer:

_____.

If the pretrial conference was dispensed with by the court pursuant to L.U.Civ.R. 16(f)(2)

The final pretrial conference having been dispensed with by the judicial officer, the parties have conferred and agree upon the following terms of this pretrial order:

2. The following counsel appeared:

FORM 3 (ND/SD Miss. Dec. 2011)

a. For the Plaintiff:NamePostal and Email
AddressesTelephone No.**b. For the Defendant:**NamePostal and Email
AddressesTelephone No.**c. For Other Parties:**NamePostal and Email
AddressesTelephone No.

3. The pleadings are amended to conform to this pretrial order.
4. The following claims (including claims stated in the complaint, counterclaims, crossclaims, third-party claims, etc.) have been filed:
5. The basis for this court's jurisdiction is:
6. The following jurisdictional question(s) remain(s) [If none, enter "None"]:
7. The following motions remain pending [If none, enter "None"] [Note: Pending motions not noted here may be deemed moot]:
8. The parties accept the following **concise** summaries of the ultimate facts as claimed by:

FORM 3 (ND/SD MISS. DEC. 2011)

- a. Plaintiff:
 - b. Defendant:
 - c. Other:
9. a. The following facts are established by the pleadings, by stipulation, or by admission:
- b. The contested issues of fact are as follows:
- c. The contested issues of law are as follows:
10. The following is a list and brief description of all exhibits (except exhibits to be used for impeachment purposes only) to be offered in evidence by the parties. **Each exhibit has been marked for identification and examined by counsel.**
- a. To be offered by the Plaintiff:

The authenticity and admissibility in evidence of the preceding exhibits are stipulated. If the authenticity or admissibility of any of the preceding exhibits is objected to, the exhibit must be identified below, together with a statement of the specified evidentiary ground(s) for the objection(s):

FORM 3 (ND/SD Miss. Dec. 2011)

- b.** To be offered by the Defendant:

The authenticity and admissibility in evidence of the preceding exhibits are stipulated. If the authenticity or admissibility of any of the preceding exhibits is objected to, the exhibit must be identified below, together with a statement of the specified evidentiary ground(s) for the objection(s):

- 11.** The following is a list and brief description of charts, graphs, models, schematic diagrams, and similar objects which will be used in opening statements or closing arguments, but which **will not** be offered in evidence:

Objections, if any, to use of the preceding objects are as follows:

If any other objects are to be used by any party, such objects will be submitted to opposing counsel at least three business days before trial. If there is then any objection to use of the objects, the dispute will be submitted to the court at least one business day before trial.

- 12.** The following is a list of witnesses Plaintiff anticipates calling at trial (excluding witnesses to be used solely for rebuttal or impeachment). All listed witnesses must be present to testify when called by a party unless specific arrangements have been made with the trial judge before commencement of trial. The listing of a **WILL CALL** witness constitutes a professional representation, upon which opposing counsel may rely, that the witness will be present at trial, absent reasonable written notice to counsel to the contrary.

FORM 3 (ND/SD Miss. Dec. 2011)

		[F]act/ [E]xpert [L]iability/ [D]amages	
<u>Name</u>	Will/ May <u>Call</u>		Business Address & <u>Telephone Number</u>

☐ Will testify live.

☐ Will testify by deposition:

State whether the entire deposition, or only portions, will be used. Counsel **must** confer, no later than twenty-one days before the commencement of trial, to resolve **all** controversies concerning **all** depositions (electronically recorded or otherwise). All controversies not resolved by the parties **must** be submitted to the trial judge not later than fourteen days before trial. All objections not submitted within that time are waived.

13. The following is a list of witnesses Defendant anticipates calling at trial (excluding witnesses to be used solely for rebuttal or impeachment). All listed witnesses must be present to testify when called by a party unless specific arrangements have been made with the trial judge before commencement of trial. The listing of a **WILL CALL** witness constitutes a professional representation, upon which opposing counsel may rely, that the witness will be present at trial, absent reasonable written notice to counsel to the contrary.

FORM 3 (ND/SD Miss. Dec. 2011)

		[F]act/ [E]xpert	
	Will/ May	[L]iability/ [D]amages	Business Address &
<u>Name</u>	<u>Call</u>		<u>Telephone Number</u>

☐ Will testify live.

☐ Will testify by deposition:

State whether the entire deposition, or only portions, will be used. Counsel **must** confer, no later than twenty-one days before the commencement of trial, to resolve **all** controversies concerning **all** depositions (electronically recorded or otherwise). All controversies not resolved by the parties **must** be submitted to the trial judge not later than fourteen days before trial. All objections not submitted within that time are waived.

14. This (✓) ☐ is ☐ is not a jury case.

15. Counsel suggests the following additional matters to aid in the disposition of this civil action:

FORM 3 (ND/SD Miss. Dec. 2011)

16. Counsel estimates the length of the trial will be _____ days.
17. As stated in paragraph 1, this pretrial order has been formulated (a) at a pretrial conference before a judicial officer, notice of which was duly served on all parties, and at which the parties attended as stated above, or (b) the final pretrial conference having been dispensed with by the judicial officer, as a result of conferences between the parties. Reasonable opportunity has been afforded for corrections or additions prior to signing. This order will control the course of the trial, as provided by Rule 16, Federal Rules of Civil Procedure, and it may not be amended except by consent of the parties and the court, or by order of the court to prevent manifest injustice.

ORDERED, this the _____ day of _____, 20____.

UNITED STATES DISTRICT JUDGE

Attorney for Plaintiff

Attorney for Defendant

Entry of the preceding Pretrial Order is recommended by me on this, the _____ day of _____, 20____.

UNITED STATES MAGISTRATE JUDGE

ANNOTATIONS

Federal District Court Uniform Local Rule 16.2
62A Am.Jur.2d *Pretrial Conference* §§ 50-94
35B C.J.S. Federal Civil Procedure §§ 909-914
88 C.J.S. *Trial* §§ 43-59

§ 4-73. Good Faith Certificate — U.S. District Court — U.S. District Court Form 4.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

Print Form

Reset Form

FORM 4 (ND/SD Miss. DEC. 2011)

UNITED STATES DISTRICT COURT
CHOOSE : DISTRICT OF MISSISSIPPI

Plaintiff

v.

CIVIL ACTION
No.

Defendant

GOOD FAITH CERTIFICATE

All counsel certify that they have conferred in good faith to resolve the issues in question and that it is necessary to file the following motion:

Counsel further certify that:

☒ as appropriate:

- ☐ 1. The motion is unopposed by all parties.
- ☐ 2. The motion is unopposed by:
- ☐ 3. The motion is opposed by:
- ☐ 4. The parties agree that replies and rebuttals to the motion will be submitted to the magistrate judge in accordance with the time limitations stated in L.U.Civ.P. 7(b)(4).

FORM 4 (ND/SD Miss. Dec. 2011)

This the _____ day of _____ 20

Signature of Plaintiff's Attorney

Typed Name and Bar Number

Signature of Defendant's Attorney

Typed Name and Bar Number

§ 4-75. Application For Admission *Pro Hac Vice* — Form 6.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

Print Form

Reset Form

FORM 6 (ND/SD Miss. Dec. 2011)

UNITED STATES DISTRICT COURT
CHOOSE : DISTRICT OF MISSISSIPPI

Plaintiff

v.

CIVIL ACTION
No.

Defendant

APPLICATION FOR ADMISSION PRO HAC VICE

(A)

Name:

Firm Name:

Office Address:

City:

State

Zip

Telephone:

Fax:

E-Mail:

(B)

Client(s):

Address:

City:

State

Zip

Telephone:

Fax:

FORM 6 (ND/SD Miss. Dec. 2011)

The following information is optional:

Has Applicant had a prior or continuing representation in other matters of one or more of the clients Applicant proposes to represent and is there a relationship between those other matter(s) and the proceeding for which Applicant seeks admission?

Does Applicant have any special experience, expertise, or other factor that Applicant believes makes it particularly desirable that Applicant be permitted to represent the client(s) Applicant proposes to represent in this case?

(C) Applicant is admitted to practice in the:



State of _____
District of Columbia

and is currently in good standing with that Court. A certificate to that effect, issued within ninety days of the date of this Application, is enclosed; the physical address, telephone number and website/email address for that admitting Court are:

All other courts before which Applicant has been admitted to practice:

Jurisdiction

Period of Admission

FORM 6 (ND/SD Miss. DEC. 2011)

		Yes	No
(D)	Has Applicant been denied admission pro hac vice in this state?	<input type="checkbox"/>	<input type="checkbox"/>
	Has Applicant had admission pro hac vice revoked in this state?	<input type="checkbox"/>	<input type="checkbox"/>
	Has Applicant been formally disciplined or sanctioned by any court in this state in the last five years?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer was "yes," describe, as to each such proceeding, the nature of the allegations, the name of the person or authority bringing such proceedings; the dates the proceedings were initiated and finally concluded; the style of the proceedings; and the findings made and actions taken in connection with those proceedings:

		Yes	No
(E)	Has any formal, written disciplinary proceeding ever been brought against Applicant by a disciplinary authority in any other jurisdiction within the last five years?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer was "yes," describe, as to each such proceeding, the nature of the allegations; the name of the person or authority bringing such proceedings; the date the proceedings were initiated and finally concluded; the style of the proceedings; and the findings made and actions taken in connection with those proceedings.

		Yes	No
(F)	Has Applicant been formally held in contempt or otherwise sanctioned by any court in a written order in the last five years for disobeying its rules or orders?	<input type="checkbox"/>	<input type="checkbox"/>

FORM 6 (ND/SD Miss. Dec. 2011)

If the answer was “yes,” describe, as to each such order, the nature of the allegations, the name of the court before which such proceedings were conducted; the date of the contempt order or sanction, the caption of the proceedings, and the substances of the court’s rulings (a copy of the written order or transcript of the oral rulings must be attached to the application).

(G) Please identify each proceeding in which Applicant has filed an application to proceed pro hac vice in this state within the preceding two years, as follows:

Name and Address of Court	Date of Application	Outcome of Application
------------------------------	------------------------	---------------------------

(H) Please identify each case in which Applicant has appeared as counsel pro hac vice in this state within the immediately preceding twelve months, is presently appearing as counsel pro hac vice, or has pending applications for admission to appear pro hac vice, as follows:

Name and Address of Court	Style of Case
------------------------------	---------------

FORM 6 (ND/SD Miss. Dec. 2011)

	Yes	No
(I) Has Applicant read and become familiar with all of the LOCAL UNIFORM CIVIL RULES OF THE UNITED STATES DISTRICT COURTS FOR THE NORTHERN AND SOUTHERN DISTRICTS OF MISSISSIPPI?	<input type="checkbox"/>	<input type="checkbox"/>
Has Applicant read and become familiar with the MISSISSIPPI RULES OF PROFESSIONAL CONDUCT?	<input type="checkbox"/>	<input type="checkbox"/>

(J) Please provide the following information about the resident attorney who has been associated for this case:

Name and Bar No:

Firm Name:

Office Address:

City: _____ State _____ Zip _____
Telephone: _____ Fax: _____
E-Mail: _____

(K) The undersigned resident attorney certifies that he/she agrees to the association with Applicant in this matter and to the appearance as attorney of record with Applicant.

Resident Attorney

I certify that the information provided in this Application is true and correct.

Date

Applicant's Signature

Unless exempted by Local Rule 83.1(d)(5), the application fee established by this Court must be enclosed with this Application.

FORM 6 (ND/SD Miss. Dec. 2011)

CERTIFICATE OF SERVICE

The undersigned Applicant certifies that a copy of this Application for Admission Pro Hac Vice has been mailed or otherwise served on this date on all parties who have appeared in this case.

This the _____ day of _____, 20__.

Applicant

§ 4-75.5. Report of Mediation — Form 7.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

Form 7 (ND/SD Miss. Dec. 2011)

Print Form

Reset Form

UNITED STATES DISTRICT COURT
CHOOSE : DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION No.

DEFENDANT

REPORT OF MEDIATION

The parties in the above-styled and numbered cause engaged in mediation on the ____ day of _____, 20___. Counsel for the parties report that:

(✓ as appropriate)

☐ 1. The parties reached a compromise settlement of all issues and a complete settlement was reached regarding all pending claims.

☐ 2. The parties reached a compromise settlement of some issues and a partial settlement was reached regarding the following claims:

☐ 3. The parties were unable to reach a settlement of any claims despite engaging in mediation.

☐ 4. The mediation progressed, but was not completed and has been recessed with further mediation to be conducted.

☐ (a) On the ____ day of _____, 20___, or _____.

☐ (b) Via telephone or other means of communication and the parties will advise the court of the result of those communications no later than the ____ day of _____, 20___.

Form 7 (ND/SD Miss. Dec. 2011)

☐ 5. The mediation failed to occur or was suspended because one or more of the parties refused to participate in the mediation.

This the ____ day of _____, 20___.

Plaintiff's Counsel

Defendant's Counsel

§ 4-76. Notice, Consent, and Reference of a Civil Action to a Magistrate Judge (AO85).

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

UNITED STATES DISTRICT COURT
for the

_____)	
<i>Plaintiff</i>)	
v.)	Civil Action No.
_____)	
<i>Defendant</i>)	

NOTICE, CONSENT, AND REFERENCE OF A CIVIL ACTION TO A MAGISTRATE JUDGE

Notice of a magistrate judge's availability. A United States magistrate judge of this court is available to conduct all proceedings in this civil action (including a jury or nonjury trial) and to order the entry of a final judgment. The judgment may then be appealed directly to the United States court of appeals like any other judgment of this court. A magistrate judge may exercise this authority only if all parties voluntarily consent.

You may consent to have your case referred to a magistrate judge, or you may withhold your consent without adverse substantive consequences. The name of any party withholding consent will not be revealed to any judge who may otherwise be involved with your case.

Consent to a magistrate judge's authority. The following parties consent to have a United States magistrate judge conduct all proceedings in this case including trial, the entry of final judgment, and all post-trial proceedings.

<i>Parties' printed names</i>	<i>Signatures of parties or attorneys</i>	<i>Dates</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reference Order

IT IS ORDERED: This case is referred to a United States magistrate judge to conduct all proceedings and order the entry of a final judgment in accordance with 28 U.S.C. § 636(c) and Fed. R. Civ. P. 73.

Date: _____	_____
	<i>District Judge's signature</i>

	<i>Printed name and title</i>

Note: Return this form to the clerk of court only if you are consenting to the exercise of jurisdiction by a United States magistrate judge. Do not return this form to a judge.

§ 4-76A. Notice, Consent, and Reference of a Dispositive Motion to a Magistrate Judge (AO85A).

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

UNITED STATES DISTRICT COURT
for the

_____)	
Plaintiff)	
v.)	Civil Action No.
_____)	
Defendant)	

NOTICE, CONSENT, AND REFERENCE OF A DISPOSITIVE MOTION TO A MAGISTRATE JUDGE

Notice of a magistrate judge's availability. A United States magistrate judge of this court is available to conduct all proceedings and enter a final order dispositive of each motion. A magistrate judge may exercise this authority only if all parties voluntarily consent.

You may consent to have motions referred to a magistrate judge, or you may withhold your consent without adverse substantive consequences. The name of any party withholding consent will not be revealed to any judge who may otherwise be involved with your case.

Consent to a magistrate judge's consideration of a dispositive motion. The following parties consent to have a United States magistrate judge conduct any and all proceedings and enter a final order as to each motion identified below (identify each motion by document number and title).

Motions: _____

Parties' printed names	Signatures of parties or attorneys	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reference Order

IT IS ORDERED: The motions are referred to a United States magistrate judge to conduct all proceedings and enter a final order on the motions identified above in accordance with 28 U.S.C. § 636(c).

Date: _____	_____
	District Judge's signature

	Printed name and title

Note: Return this form to the clerk of court only if you are consenting to the exercise of jurisdiction by a United States magistrate judge. Do not return this form to a judge.

6. Check the areas of legal practice or experience which best describe the majority of your legal practice and show the number of years of experience in each.

✓	<u>Yrs</u>	✓	<u>Yrs</u>	✓	<u>Yrs</u>
_____ Admin. Law	_____	_____ Contracts	_____	_____ Insurance Law	_____
_____ Admiralty	_____	_____ Construction Law	_____	_____ Labor Law	_____
_____ Antitrust Law	_____	_____ Criminal Law	_____	_____ Medical Malpractice	_____
_____ Asbestosis	_____	_____ Civil Rights	_____	_____ Oil & Gas	_____
_____ Banking Law	_____	_____ Debtor/Creditor	_____	_____ Personal Injury	_____
_____ Bankruptcy	_____	_____ Employment	_____	_____ Products Liability	_____
_____ Computer Law	_____	_____ Environmental	_____	_____ Securities	_____
_____ Other (specify)	_____				

MEDIATION TRAINING

10. a. Hours of mediator training completed: _____
- b. Date(s) of mediator training, course provider, and summary of course content:

<u>Date</u>	<u>Course Provider</u>	<u>Content</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. Have you ever conducted mediation under the observation of another trained mediator?

_____ No _____ Yes Date(s): _____

Where? _____

Summarize the event: _____

11. Have you ever trained mediators? Yes When? _____

_____ No

MEDIATION EXPERIENCE

12. Number of mediation observations: _____ Summarize the experience(s):

Number of mediation sessions held to date: _____ Summarize the session(s):

13. References as to your mediation skills, training, education, or other qualifications:

14. Other
references:

I certify that the information provided in this application is true and correct.

Date:

Applicant's Signature

Mail completed application to either of the following clerks:

Clerk, U.S. District Court
Northern District of Mississippi
911 Jackson Avenue, Room 369
Oxford, Mississippi 38655

Clerk, U.S. District Court
Southern District of Mississippi
P. O. Box 23552
Jackson, Mississippi 39225-3552

§ 4-77. Order Directing Issuance of the Process of Attachment and Garnishment, Rule B(3)(a) — Form 1.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM NO. 1

UNITED STATES DISTRICT COURT
_____ DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

ORDER DIRECTING ISSUANCE OF THE PROCESS OF
ATTACHMENT AND GARNISHMENT, RULE B(3)(a)

In accordance with FRCP Supplemental Rule (B)(1) and L.A.R. (B)(3)(a), the Clerk is directed to issue the summons and process of attachment and garnishment of the property listed below:

SO ORDERED at _____, Mississippi, this _____ day of _____, 20____.

UNITED STATES DISTRICT/MAGISTRATE JUDGE

Order Submitted by:
(Name of Plaintiff's Attorney)
(MS Bar No.)
(Firm Name)
(Mailing Address)
(City, State & Zip Code)
(Telephone No.)
(Facsimile No.)
(E-mail Address)
(Attorney for Plaintiff)

§ 4-78. Process of Attachment and Garnishment, Rule B(1) — Form 2.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM NO. 2

UNITED STATES DISTRICT COURT
_____ DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

PROCESS OF ATTACHMENT AND GARNISHMENT, RULE B(1)

TO: The United States Marshal
United States District Court _____ District of Mississippi

The complaint in this action was filed in the _____ Division of this court on _____, _____.

In accordance with FRCP Supplemental Rule (B) and L.A.R. B(1), you are directed to attach and garnish the property indicated below:

DESCRIPTION

(Describe the property to be attached and garnished in sufficient detail, including location of the property, to permit the United States Marshal to effect the seizure.)

You must also give notice of the attachment and garnishment to every person to whom notice is required by FRCP Supplemental Rule B, L.A.R. A(9) and L.A.R. B(4), as identified below by the plaintiff and any practices of your office.

(List notice parties).

DATED at _____, Mississippi, this ____ day of _____, ____.

CLERK

By: _____
Deputy Clerk

- (Name of Plaintiff's Attorney)
- (MS Bar No.)
- (Firm Name)
- (Mailing Address)
- (City, State & Zip Code)
- (Telephone No.)
- (Facsimile No.)
- (E-mail Address)
- (Attorney for Plaintiff)

§ 4-79. Order for Issuance of Process of Maritime Attachment and Arrest, FRCP Rule C(2)(a) — Form 3.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM NO. 3

UNITED STATES DISTRICT COURT
DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

ORDER FOR ISSUANCE OF PROCESS OF
MARITIME ATTACHMENT AND ARREST, FRCP RULE C(2)(a)

Upon reading the Complaint and affidavit seeking issuance of process of maritime arrest in this action, and good cause appearing therefor, it is

ORDERED:

That the Clerk issue the process of maritime arrest of the vessel _____, her engines, tackle, boilers, etc. and against all persons having or claiming to have any interest therein, that they be cited to appear and answer under oath all and singular the matters set forth in the Complaint.

That any person claiming an interest in the property arrested may, upon a showing of any improper practice or a manifest want of equity on the part of the Plaintiff, be entitled to an order requiring the Plaintiff to show cause why the arrest should not be vacated or other relief granted; and it is further

That a copy of this Order must be attached to and served with the process of maritime arrest.

This, the ____ day of _____, _____.

United States District/Magistrate Judge

Order Submitted by:
(Name of Plaintiff's Attorney)
(MS Bar No.)
(Firm Name)
(Mailing Address)
(City, State & Zip Code)
(Telephone No.)
(Facsimile No.)
(E-mail Address)

§ 4-80. Warrant for Arrest *In Rem*, L.A.R. C2(a) — Form 4.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM NO. 4

UNITED STATES DISTRICT COURT
_____ DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

WARRANT FOR ARREST IN REM, L.A.R. C2(a)

TO THE UNITED STATES MARSHAL
FOR THE UNITED STATES DISTRICT COURT
FOR THE _____ DISTRICT OF MISSISSIPPI

The complaint in the above-styled *in rem* proceeding was filed in the _____
Division of this Court on _____, 20____.

In accordance with FRCP Supplemental Rule C and L.A.R. C2(a), you are
directed both to arrest the defendant vessel, the _____, her tackle,
apparel, furniture, engines and appurtenances, should you find her within this district,
and to detain her in your custody pending further order of the court.

You must also give notice of the arrest to all persons upon whom notice is
required by FRCP Supplemental Rule C(4), L.A.R. C(4), as designated below by the
plaintiff and the practices of your office.

(List notice requirements).

SO ORDERED, at _____, Mississippi, this _____ day of _____,
20____.

CLERK
By: _____
Deputy Clerk

(Name of Plaintiff's Attorney)
(MS Bar No.)
(Firm Name)
(Mailing Address)
(City, State & Zip Code)
(Telephone No.)
(Facsimile No.)
(E-mail Address)

(Attorney for Plaintiff)
cc: Counsel of Record

§ 4-81. Notice of Arrest of Vessel and Notice for Claims — Form 5.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM NO. 5

UNITED STATES DISTRICT COURT
_____ DISTRICT OF MISSISSIPPI

PLAINTIFF

VS. CIVIL ACTION NO. _____

DEFENDANT

NOTICE OF ARREST OF VESSEL AND NOTICE FOR CLAIMS

In accordance with FRCP Supplemental Rule C(4), and L.A.R. C(4), notice is hereby given of the arrest of the _____, her engines, tackle, apparel and appurtenances in accordance with a Warrant for Arrest issued on _____, _____.

Under FRCP Supplemental Rule C(6)(a), and L.A.R. C(6), any person asserting either a right to possess or ownership of the vessel or property must file a Claim of ownership with the court not later than fourteen (14) days after process has been executed, and shall file an answer within twenty-one (21) days from the date of filing his/her/its claim.

DATED at _____, Mississippi, this _____ day of _____, _____.

SIGNED NAME OF PLAINTIFF=S ATTORNEY
(Name of Plaintiff's Attorney)
(MS Bar No.)
(Firm Name)
(Mailing Address)
(City, State & Zip Code)
(Telephone No.)
(Facsimile No.)
(E-mail Address)
(Attorney for Plaintiff)

cc: Counsel of Record

§ 4-82. Motion for Publication of Notice of Attachment, Rule C(4) — Form 6.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM No. 6

UNITED STATES DISTRICT COURT
_____ DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

MOTION FOR PUBLICATION OF NOTICE OF ATTACHMENT, RULE C(4)

COMES NOW plaintiff and moves the court for an order directing the Clerk to publish notice of this action; of defendant's last known address as _____, addressee having left with no forwarding address; and of maritime attachment and garnishment of _____ [*description of property attached*], in the hands of _____ [party in whose *hands attachment laid*]. With said notice to be published in the _____ as a newspaper of general circulation in the district once a week for three successive weeks. Also, said notice to specify that all persons claiming either the right to possess or ownership of the property or having anything to say why it should not be condemned and sold to satisfy the demand of plaintiff must serve and file a claim of owner pursuant to FRCP Supplemental Rule C(6)(a)(i)(iii) and an answer to the complaint on or before twenty-one (21) days after filing his Claim of Owner, whichever is later.

(Name of Plaintiff's Attorney)
(MS Bar No.)
(Firm Name)
(Mailing Address)
(City, State & Zip Code)
(Telephone No.)
(Facsimile No.)
(E-mail Address)

(Attorney for Plaintiff)

§ 4-83. Order for Publication of Arrest, FRCP Supplemental Rule C(4) — Form 7.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM No. 7

UNITED STATES DISTRICT COURT
_____ DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

ORDER FOR PUBLICATION OF ARREST, FRCP SUPPLEMENTAL RULE C(4)

On motion of the plaintiff, it is hereby

ORDERED

that the Clerk publish notice of this action and of the arrest of the _____ in the form attached as Exhibit A to the Plaintiff's Motion for Order for Publication. Such notice will be deemed notice to any adverse party or parties upon whom notice is required by FRCP Supplemental Rule C(4).

United States District/Magistrate Judge

Order Submitted by:

- (Name of Plaintiff's Attorney)
- (MS Bar No.)
- (Firm Name)
- (Mailing Address)
- (City, State & Zip Code)
- (Telephone No.)
- (Facsimile No.)
- (E-mail Address)
- (Attorney for Plaintiff)

§ 4-84. Notice to clerk of Publication of Notice of arrest in Newspaper of General Circulation, Rule C(4) — Form 8.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM No. 8

UNITED STATES DISTRICT COURT
_____ DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

NOTICE TO CLERK OF PUBLICATION OF NOTICE OF ARREST IN
NEWSPAPER OF GENERAL CIRCULATION, RULE C(4)

To: The Clerk of the United States District Court for the _____ District of Mississippi:

The following notice was published in the _____, a newspaper of general circulation in this district, on _____, 20____; _____, 20____; _____, 20____; and _____, 20____:

Notice is hereby given that on _____, The United States Marshall arrested the vessel _____ while afloat at _____ in _____ within the jurisdiction of this court pursuant to an Order of this court and a Warrant for Arrest issued by the clerk of this court upon the filing of a Verified Complaint in the above action. Any person having or claiming an interest in or to the property must file his/her claim within 14 days after publication of this notice, and must file his/her answer to the complaint herein within 21 days thereafter.

/s/

United States Marshal

- _____
(Name of Plaintiff's Attorney)
(MS Bar No.)
(Firm Name)
(Mailing Address)
(City, State & Zip Code)
(Telephone No.)
(Facsimile No.)
(E-mail Address)
(Attorney for Plaintiff)

§ 4-85. Letter of Undertaking — Form 9.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM NO. 9

_____ DISTRICT OF MISSISSIPPI
UNITED STATES DISTRICT COURT

IN THE MATTER OF THE COMPLAINT
OF _____, owner AND/OR
owner *pro hac vice* of the _____
FOR EXONERATION FROM OR LIMITATION
OF LIABILITY

CIVIL ACTION NO.:

LETTER OF UNDERTAKING

The undersigned underwriters hereby certify that the below listed insurance companies are insurers and underwriters of _____, the owner and/or owner *pro hac vice* of the M/V _____ in the amounts and at the percentages designated below and that their policies are in full force and effect providing Protection and Indemnity insurance coverage on behalf of complainants, and the M/V _____ on _____ (date of loss), when an alleged casualty occurred, which is the subject of a Limitation of Liability Action filed in the United States District Court for the _____ District of Mississippi. The undersigned further certify that they are fully authorized to submit this Letter of Undertaking.

This Letter of Undertaking is given in consideration of the claimant(s) refraining from arresting the M/V _____ and refraining from attaching, arresting or otherwise restraining any asset under the same ownership, associated ownership, control and/or management as the M/V _____ because of claims for damages sustained on or about _____ (date of loss), as a result of the alleged casualty captioned above.

In the event a final judgment (after appeal, if any) is entered in favor of the claimant(s) against the M/V _____ and complainants, then Underwriters agree to pay and satisfy their respective share, in accordance with and strictly subject to the terms, conditions and limits of their insurance policies, up to and not exceeding the aggregate total sum of _____ DOLLARS of compensatory damages, inclusive of interest and costs in any said final decree, or any lesser amount decreed by the court or settled between the parties, where the settlement has been made with the approval of the Underwriters without any final decree being rendered.

It is understood and agreed between the parties to this undertaking that the aggregate total sum of _____ DOLLARS can be reduced by the agreement of the parties or, failing said agreement, by Order of the court during the pendency of this obligation.

It is the intention of this undertaking and guarantee that it be substitute security in lieu of a corporate surety bond, as though the M/V _____ had been arrested under process issued by the United States District Court for the _____ District of Mississippi, and had been released upon the filing of appropriate security on _____ (date of loss), reserving on behalf of the vessel, her owners and underwriters, all their defenses, including, but not limited to, denial of all liability for the claimant(s)' damages, as well as M/V _____ owner's and underwriters' right to petition for exoneration from or limitation of liability. Upon demand, the undersigned agree to cause a bond with approved corporate surety to be filed, in an amount to be agreed upon or fixed by the court, not to exceed _____ DOLLARS, with six percent (6%) per annum interest to satisfy all the statutory requirements in limitation actions. In no event,

however, will the Underwriters be responsible for payments in excess of the available limits of their respective insurance policy(ies). In the event that the bond referred to in this paragraph is filed, the undersigned insurers will have no further obligation under this Letter of Undertaking.

Notwithstanding any of the foregoing, the respective liability of the Underwriters pursuant to this letter of undertaking will not exceed their percentage of \$_____, the limits of the policy to which the Underwriters subscribe, and will be strictly subject to the terms, limits, and conditions of the insurance policy, including their respective percentages. The liability of the Underwriters pursuant to this letter of undertaking will not exceed the respective portion of _____ DOLLARS. All subscribing underwriters' obligations under the policies to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. These subscribing underwriters are not responsible for the subscription of any co-subscribing underwriter who for any reason does not satisfy all or part of its obligations.

This letter is to be binding whether the M/V _____ is lost at sea or not lost, in port or not in port, and is given without prejudice to any rights or defenses which the M/V _____, or her owner or owner *pro hac vice*, or Underwriters may have under any applicable law or statute, none of which are to be regarded as waived. The giving of this letter of undertaking is not to be deemed or taken to be or accepted as an admission of liability on behalf of the M/V _____ or owner or those interested in her.

IN WITNESS WHEREOF, Underwriters have caused these presents to be duly executed on their behalf by the undersigned through the duly authorized representatives of _____ in the following respective percentages: _____

Respectfully submitted this ____ day of _____, ____.

BY: Law Firm

By: _____
Attorneys names
Attorneys In Fact for Underwriters

Respectfully submitted,

BY: Insurer A.

By: _____
Insurer A's representative
Title

BY: Insurer B.

By: _____
Insurer B's representative
Title

BY: Insurer C.

By: _____
Insurer C's representative
Title

§ 4-86. Claim of Owner, FRCP Supplemental Rule C(6) — Form 10.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM No. 10

UNITED STATES DISTRICT COURT
DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

CLAIM OF OWNER, FRCP SUPPLEMENTAL RULE C(6)

_____ intervenes for itself as owner of the vessel _____, and makes claim to the _____, her tackle, engines, equipment and furnishings, as they are arrested at the instance of _____, the plaintiff. The claimant was at the time the complaint was filed, and still is, the true and bona fide sole owner of the vessel and no other person is the owner thereof.

Respectfully submitted,

[Owner]

By _____
[Title of officer or status of person
executing, i.e., agent or attorney]

Attorney for Claimant

STATE OF _____
COUNTY OF _____

_____, being duly sworn, deposes and says:

I am the _____ of the claimant described in foregoing Claim of Owner. I have read the Claim of Owner and know the contents thereof, and the same are true to my own knowledge, except as to matters therein stated to be upon information and belief, and as to those matters, I believe them to be true.

[Name]

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My Commission Expires:

§ 4-87. Claim to Cargo – Ex MV Vessel FRCP Supplemental C(6) — Form 11.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM No. 11

UNITED STATES DISTRICT COURT

DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

CLAIM TO CARGO - EX MV VESSEL FRCP SUPPLEMENTAL C(6)

_____ by _____, its attorneys, intervenes for itself as owner of the cargo arrested at the instance of _____ Corporation. Claimant was at the time the Complaint was filed, and still is, the owner of the cargo and entitled to possession of it.

Respectfully submitted,

Attorney for Claimant_____
Corporation By_____
[Title of officer or status of person executing,
i.e., agent or attorney]STATE OF _____
COUNTY OF _____

_____ being duly sworn, deposes and says:

I am the _____ of the claimant described in foregoing Claim of Owner. I have read the Claim of Owner and know the contents of it, and the same are true to my own knowledge, except as to matters which I believe to be true.

[Name]

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My Commission Expires:

§ 4-88. Stipulation for Value, FRCP Supplemental Rule E(5) — Form 12.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM No. 12

UNITED STATES DISTRICT COURT
 _____ DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

STIPULATION FOR VALUE, FRCP SUPPLEMENTAL RULE E(5)

Under FRCP Supplemental E(5), the parties have agreed for _____, through its attorney-in-fact, to submit itself to the jurisdiction of this court. acknowledges itself to be bound in the sum of _____, with interest at the rate of _____ percent _____ per annum from this date, on behalf of the claimant of vessel _____ to the plaintiff, _____, and agrees to abide by and fulfill the final judgment of this court and, in case of an appeal from final judgment, then the final judgment of the United States Court of Appeals for the Fifth Circuit and, in case of an appeal or *certiorari* granted from final judgment of the Fifth Circuit, then the final judgment of the Supreme Court of the United States in this action. If _____ fails to honor the judgment, it consents that summary process of execution may issue against it, its goods, chattels, land and tenements wherever found or to be found.

This, the ____ day of _____, _____.

WITNESS:

[Name of Corporate Surety]

By: _____ [Seal]

Attorney-in-fact

The foregoing Stipulation is approved as to form and amount.

 Attorney for Plaintiff

§ 4-89. Bond Agreement – Substitution of Security for Attachment of Vessel, FRCP Supplemental E(5) — Form 13.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM No. 13

UNITED STATES DISTRICT COURT
 _____ DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

**BOND AGREEMENT - SUBSTITUTION OF SECURITY FOR
 ATTACHMENT OF VESSEL, FRCP SUPPLEMENTAL E(5)**

A complaint has been filed in this court by _____ against the vessel _____, her engines, tackle, furniture and apparel, *in rem*, and against _____, a corporation, as owner of the vessel, *in personam*. The parties agree to the substitution of other security for the arrest or attachment of the vessel as follows:

_____ as principal and _____, as Surety, are held and firmly bound unto _____ in the sum of _____ (\$_____) Dollars to the use of the said _____ in this action.

The condition of this obligation is such that if the plaintiff, _____, obtains a final judgment or award against the vessel _____, her engines, etc., *in rem*, _____ must satisfy that judgment or award together with interest and costs. If _____ fails to do so, _____ will stand for _____, but not to exceed the above sum, then this obligation will become void, otherwise to remain in full force and effect.

This bond is further subject to the general conditions of the surety bond attached to this agreement and incorporated herein by reference.

Dated this _____ day of _____, 20_____.

 Principal

-and-

 Surety

§ 4-90. Order Fixing Bond and Directing that Attachment (Process *In Rem*) Be Dissolved Upon Filing of Such Bond, FRCP Supplemental E(5) — Form 14.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM No. 14

UNITED STATES DISTRICT COURT
_____ DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

**ORDER FIXING BOND AND DIRECTING THAT ATTACHMENT (PROCESS IN REM)
BE DISSOLVED UPON FILING OF SUCH BOND, FRCP SUPPLEMENTAL E(5)**

Upon the stipulation of counsel for _____, plaintiff, and counsel for _____, defendant, to the amount of bond to be filed in this action, pursuant to _____ [state attachment rule], for the purpose of dissolving the attachment (process *in rem*) issued hereunder it is

ORDERED:

a) That the amount of bond to be filed by the defendant is hereby fixed as the sum of _____ (\$_____); and

b) Upon filing of a bond in the amount of _____ (_____) with good and sufficient Surety approved by the court, the attachment (process *in rem*) in this action will be dissolved and the case will proceed in ordinary course.

Dated: _____

United States District/Magistrate Judge

The above Order is hereby stipulated to and agreed upon:

Attorney for Plaintiff

Attorney for Defendant

§ 4-91. Motion for Release of a Vessel or Property in Accordance with FRCP Supplemental Rule E(5) — Form 15.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM NO. 15

UNITED STATES DISTRICT COURT
_____ DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

**MOTION FOR RELEASE OF A VESSEL OR
PROPERTY IN ACCORDANCE WITH FRCP SUPPLEMENTAL RULE E(5)**

In accordance with FRCP Supplemental E(5) and L.A.R. E(8)(b), plaintiff, on whose behalf property or the vessel named _____ has been seized, moves the court to enter an Order directing the United States Marshal for the _____ District of Mississippi to release the property or the vessel named _____. This request is made for the following reasons:

(Describe the reasons in sufficient detail to permit the Court to enter an appropriate order)

DATED at _____, Mississippi, this the _____ day of _____, 20____.

(Name of Plaintiff's Attorney)
(MS Bar No.)
(Firm Name)
(Mailing Address)
(City, State & Zip Code)
(Telephone No.)
(Facsimile No.)
(E-mail Address)
(Attorney for Plaintiff)

cc: Counsel of Record

§ 4-92. Order Directing the Release of a Vessel or Property in Accordance with FRCP Supplemental E(5) — Form 16.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM NO. 16

UNITED STATES DISTRICT COURT
_____ DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

**ORDER DIRECTING THE RELEASE OF A VESSEL OR PROPERTY
IN ACCORDANCE WITH FRCP SUPPLEMENTAL E(5)**

Plaintiff has moved under FRCP Supplemental E(5) and L.A.R. E(8)(a), to release the _____. The court, being fully advised in the premises, particularly _____, finds the Motion to Release is well taken and should be **GRANTED**, hereby **ORDERS** the United States Marshal to release the vessel _____ and/or property currently being held in his custody in this action to its rightful owner, with a receipt for the vessel or property to be filed with the clerk.

This, the _____ day of _____, 20____.

UNITED STATES DISTRICT MAGISTRATE/JUDGE

The Request for Release of Plaintiff _____ filed.

Order and Submitted by:
(Name of Plaintiff's Attorney)
(MS Bar No.)
(Firm Name)
(Mailing Address)
(City, State & Zip Code)
(Telephone No.)
(Facsimile No.)
(E-mail Address)
(Attorney for Plaintiff)

cc: Counsel of Record

§ 4-93. Application for Appointment of Substitute Custodian, FRCP Supplemental E(C) — Form 17.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM NO. 17

UNITED STATES DISTRICT COURT
_____ DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

APPLICATION FOR APPOINTMENT OF SUBSTITUTE CUSTODIAN, FRCP
SUPPLEMENTAL E(C)

Plaintiff _____ (A _____ @) applies for appointment of _____, _____, _____, as substitute custodian for _____, Official No. _____, owned by _____. As grounds for the motion, Plaintiff states as follows:

1. The United States Marshal for the _____ District of Mississippi has been directed by the clerk of this court to seize _____, Official No. _____, pursuant to a warrant for arrest issued by the clerk. The Marshal expects soon to be in custody of such _____, which is currently located at _____. The United States Marshal for the _____ District of Mississippi has no facilities for the custody or fleeing of this _____, and a substitute custodian will be required.

2. _____ has facilities for fleeing and custody of the _____, and is willing to act as substitute custodian for it at a rate of \$_____ per day.

Plaintiff _____ requests that the court appoint _____ as substitute custodian of _____, Official No. _____ until further order, to become effective after the United States Marshal has seized the _____ and has conducted an inventory of the _____.

RESPECTFULLY SUBMITTED, this _____ day of _____, _____.

(Name of Plaintiff's Attorney)
(MS Bar No.)
(Firm Name)
(Mailing Address)
(City, State & Zip Code)
(Telephone No.)
(Facsimile No.)
(E-mail Address)

(Attorney for Plaintiff)

cc: Counsel of Record

§ 4-94. Consent and Indemnification Agreement for the Appointment of a Substitute Custodian — Form 18.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM NO. 18

UNITED STATES DISTRICT COURT
_____ DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

CONSENT AND INDEMNIFICATION AGREEMENT
FOR THE APPOINTMENT
OF A SUBSTITUTE CUSTODIAN

Plaintiff _____, (by the undersigned attorney) and _____, the proposed Substitute Custodian, hereby expressly release the United States Marshal for this district and the United States Marshal's Service, from any and all liability and responsibility for the care and custody of _____ (describe property) while in the hands of _____ (substitute custodian).

Plaintiff and _____ (substitute custodian) also expressly agree to hold the United States Marshal for this district and the United States Marshal's Service harmless from all claims whatsoever arising during the period of the substitute custodianship.

As counsel of record in this action, the undersigned attorney represents that he has been expressly authorized by the plaintiff to sign this Consent and Indemnification Agreement for and on behalf of the plaintiff.

This, the _____ day of _____, 20____, at _____, Mississippi.

PLAINTIFF'S ATTORNEY

Typed Name
MS Bar ID No.
Firm or Business Name
Mailing Address
City, State, Zip Code
Telephone No.
Facsimile No.
E-Mail Address

SUBSTITUTE CUSTODIAN

Typed Name
Mailing Address
City, State, Zip Code
Telephone No.
Facsimile No.
E-Mail Address

cc: Counsel of Record

§ 4-95. Order Appointing Substitute Custodian, Rule E(4)(d) — Form 19.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM NO. 19

UNITED STATES DISTRICT COURT
____ DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

ORDER APPOINTING SUBSTITUTE CUSTODIAN, RULE E(4)(d)

Plaintiff, _____ by and through its attorneys, having appeared and made the following recitals:

1. Plaintiff filed a complaint in this action on _____, 20____, asking that the vessel _____, her engines, tackle, apparel, furniture, equipment and all other, necessities thereunto appertaining and belonging, be arrested and, upon entry of judgment, be condemned and sold to pay plaintiff's demands and claims and for other proper relief.

2. On _____, 20____, the Clerk of Court issued a Warrant for Arrest of Vessel commanding the United States Marshal for this district to arrest and take into custody the defendant vessel and to detain the same in his custody until further Order.

3. [The United States Marshal has seized the vessel.] [It is contemplated that the United States Marshal will seize the defendant vessel immediately.] Custody by the United States Marshal requires the services of one or more keepers and includes charges for wharfage and the other services usually associated with the safekeeping of vessels similar to the defendant vessel.

4. The defendant vessel is currently berthed at _____. _____ has agreed to assume the responsibility of safekeeping the vessel and has consented to act as her Substitute Custodian until further Order of this court, all for a sum, including wharfage and routine services required for the safe-keeping of the particular vessel, at a rate of \$_____ per _____. The United States Marshal is unable to perform or to have performed at a comparable rate these same services. Additional services to be performed by _____ will include , e.g., towage, which services will be performed at a separate cost not to exceed \$_____. The above charges are to be advanced to the United States Marshal by the plaintiff at least 24 hours after notification by the United States Marshal that the charges will be incurred. In any case, the transfer of the defendant vessel to the substitute custodian for safekeeping will not be effected until all such charges have been paid by the plaintiff.

5. [substitute custodian], by, affidavit represents that _____ has adequate

facilities and supervision for the proper safekeeping of the vessel and that _____ has insurance coverage [*name the insurance and amount of insurance*] or assets adequate to respond to damage to the defendant vessel or for damages sustained by third parties proximately caused by any acts, faults, or negligence by the substitute custodian. The substitute custodian will accept, in accordance with the terms of this Order, possession of the defendant vessel, her engines, tackle, apparel, furniture, equipment and all other necessities thereunto appertaining and belonging, which are the subject of this action.

6. Plaintiff _____, in consideration of the United States Marshal's consent to the substitution of custody, agrees to release the United States Marshal and the United States Marshal's Service from all liability and responsibility arising out of care and custody of the defendant vessel, her engines, tackle, apparel, furniture, equipment and all other necessities thereunto appertaining and belonging, from the time the United States Marshal transfers possession of the vessel over to the substitute custodian, and the plaintiff further agrees to hold harmless and indemnify the United States Marshal and the United States Marshal's Service from any and all claims whatsoever arising out of the substitute custodian's possession and safe-keeping.

THEREFORE, IT IS HEREBY ORDERED that the United States Marshal for _____ is authorized and directed, (forthwith) (upon his seizure of the defendant vessel, her engines, tackle, apparel, furniture, equipment and all other necessities thereunto appertaining and belonging, pursuant to said Warrant for Arrest) to surrender possession of them to the substitute custodian named herein, and upon surrendering them, the United States Marshal will be discharged from his duties and responsibilities for the safekeeping of the vessel and held harmless from all claims arising whatever out of substituted possession and safe-keeping.

_____ is hereby appointed substitute custodian of the vessel to retain the it in its custody for possession and safekeeping for the above compensation until further Order of this court.

All expenses for the safekeeping of defendant vessel will be deemed administrative expenses of the United States Marshal.

Plaintiff's attorney will serve a copy of said order upon the owner of defendant vessel, pursuant to _____.

Dated: _____

United States District/Magistrate Judge

§ 4-96. Request for Confirmation of Sale, FRCP Supplemental E(9) — Form 20.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM NO. 20

UNITED STATES DISTRICT COURT
_____ DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

REQUEST FOR CONFIRMATION OF SALE, FRCP SUPPLEMENTAL E(9)

Plaintiff, by and through its undersigned attorney certifies the following:

- (1) *Date of Sale:* In accordance with the court's previous Order of Sale, plaintiff represents that the sale of _____ (describe property) was conducted by the United States Marshal on _____, 20____.
- (2) *Last Day for Filing Objections:* Under L.A.R. E(17)(g)(1), the last day for filing objections to the sale was _____, _____.
- (3) *Survey of Court Records:* Plaintiff has surveyed the docket and records of this case, and has confirmed that as of _____, 20____, there were no objections to the sale on file with the Clerk of Court.

Plaintiff therefore requests the Clerk to enter a Confirmation of Sale and to transmit the confirmation to the United States Marshal for processing.

This, the _____ day of _____, 20____.

(Name of Plaintiff's Attorney)
(MS Bar No.)
(Firm Name)
(Mailing Address)
(City, State & Zip Code)
(Telephone No.)
(Facsimile No.)
(E-mail Address)
(Attorney for Plaintiff)

cc: Counsel of Record

§ 4-97. Confirmation of Sale, Rule E(9) — Form 21.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM NO. 21

UNITED STATES DISTRICT COURT
_____ DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

CONFIRMATION OF SALE, RULE E(9)

The records in this action indicate that no objection has been filed to the sale of property conducted by the U.S. Marshal on _____, 20____.

THEREFORE, in accordance with L.A.R. E(17)(f), the sale stands confirmed as of _____, 20____.

This, the _____ day of _____, 20____.

CLERK

By:

Deputy Clerk

§ 4-98. Affidavit of _____, FRCP Supplemental F(1) — Form 22.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM NO. 22

UNITED STATES DISTRICT COURT
_____ DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

AFFIDAVIT OF _____, FRCP SUPPLEMENTAL F(1)

STATE OF _____

COUNTY OF _____

_____, after being duly sworn by me, states on oath as follows:

1. I am and have been for _____ years a marine surveyor and marine appraiser and am currently employed by _____ as a marine surveyor. As such, I have made inspections and valuations of vessels and barges as part of my job as a marine surveyor. I am familiar with the market value of _____ vessels, including _____ vessels and performing of market value surveys on them.

2. I examined the _____, Official Number _____, At the time of my examination, the _____ was in full service. I performed a market value survey on the _____, and it is my opinion that the market value of the vessel immediately after the incident on _____, was _____ and no/100 Dollars (\$_____).

SWORN TO AND SUBSCRIBED BEFORE ME this the _____ day of _____, 20____.

Notary Public

My Commission Expires:

§ 4-99. Ad Interim Stipulation for Value, FRCP Supplemental F(1) — Form 23.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM NO. 23

UNITED STATES DISTRICT COURT
_____ DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

AD INTERIM STIPULATION FOR VALUE, FRCP SUPPLEMENTAL F(1)

_____, a corporation, as owner and operator of the M/V _____, has filed a Complaint for exoneration from, or limitation of its liability as owner and operator, with respect to demands arising out of a casualty which occurred on or about _____, on the _____ River at or near Mile _____ in the vicinity of _____, and the consequent damage. Plaintiff asks, among other things, that the court order due appraisement to be made of the amount or value of its interest in the vessel and its pending freight, if any, and that a notice issue to all persons claiming damage for loss, damage, expense, or injury by, or resulting from the accident, directing them to appear before the commissioner to be appointed by the court, and make due proof of their claims, and to answer the complaint. Plaintiff requests that an injunction issue restraining the commencement or prosecution of all actions, claims or proceedings, except in compliance with the provisions of a monition granted herein.

Plaintiff wishes to prevent the commencement or prosecution of all suits, actions or legal proceedings of any nature in any other court and wishes to provide an ad interim stipulation for value as security for claimants pending the determination by reference of the amount of plaintiff's interest in the vessel and its pending freight, if any.

Accordingly, plaintiff and _____, Surety, having an office and place of business at _____, hereby undertake in the sum of _____ AND NO/100 (\$_____) DOLLARS, with interest at six (6%) percent per annum from the date the complaint was filed, that the plaintiff will pay into the court within fourteen days after the entry of an order confirming the report of the commissioner, the amount or value of its interest as determined by the commissioner, or will file a bond or stipulation for value in that amount. This ad interim stipulation will stand as security for all claims in the limitation proceeding. Surety hereby submits itself to the jurisdiction of the court and agrees to abide by all orders of the court, interlocutory and final, and to pay the amount awarded by the final judgment rendered by this court or by an appellate court if appealed, to the extent of \$_____, with interest at six (6%) percent per annum from the date the complaint was filed, unless plaintiff in the meantime pays into court the amount or value of the plaintiff's interest in the vessel and its pending freight or a stipulation for value is given, in which event this ad interim stipulation will be void.

Principal

BY: _____

Surety

BY: _____

STATE OF _____
COUNTY OF _____

On the _____ day of _____, 20_____, before me appeared _____, to me personally known, who after being first duly sworn, did state that he is the _____ of _____, a corporation organized under the laws of the State of _____, and is authorized to execute the foregoing document as agent for and on behalf of _____, and acknowledged said instrument to be the free act and deed of the said corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and notarial seal on the day and year first above written.

NOTARY PUBLIC

My Commission Expires:

STATE OF _____
COUNTY OF _____

On the _____ day of _____, 20_____, before me appeared _____, to me personally known, who after being first duly sworn, did state that he read the foregoing Ad Interim Stipulation for Value and understands the contents thereof, and has executed same as his free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and notarial seal on the day and year first above written.

NOTARY PUBLIC

My Commission Expires:

§ 4-100. Order for Ad Interim Stipulation and Enjoining of Suits, FRCP Supplemental F(1) — Form 24.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM NO. 24

UNITED STATES DISTRICT COURT
_____ DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

**ORDER FOR AD INTERIM STIPULATION AND
ENJOINING OF SUITS, FRCP SUPPLEMENTAL F(1)**

The above named Plaintiff, having on _____, 20____, filed its Complaint for Exoneration From or Limitation of Liability with respect to any loss, damage, injury or destruction arising out of an incident occurring on _____, and thereafter; and said Plaintiff having stated in said Complaint the facts and circumstances upon which said exoneration from or limitation of liability was claimed, and having prayed therein for an appraisal of its interest in the M/V _____ and her pending freight, if any, and for leave to file a stipulation for the amount of said appraised value or, pending said appraisal, an Ad Interim Stipulation; and said appraisal not yet having been had, and it appearing that the Plaintiff's desire, pending said appraisal, is to give an Ad Interim Stipulation and to obtain a restraining order;

NOW, on the proceedings heretofore had herein, and on reading the affidavits of _____ and _____ of _____, which affidavits have been duly filed in this proceeding, and from which it appears that the value of the Plaintiff's interest in the M/V _____ and her pending freight on the day immediately following said incident did not exceed the sum of \$ _____; and

On reading and filing the Ad Interim Stipulation for Value duly executed on _____, 20____, by the Plaintiff, as principal and by _____, as surety, in the sum of \$ _____, with interest at six (6%) percent per annum from the date of the filing of the Complaint, undertaking to pay into Court, within ten days after the entry of an order herein appraising the value of Plaintiff's interest in the said vessel and in her pending freight, the amount so fixed, or within said time to file in this Court a Stipulation for Value in the usual form and with proper surety in said amount, and that pending such payment into Court or giving of the Stipulation, this Ad Interim Stipulation shall stand as security in said proceeding;

NOW, on Motion of [FIRM'S NAME], _____, attorney _____ for the Plaintiff, it is

ORDERED that said Ad Interim Stipulation be, and the same hereby is approved;

and it is

FURTHER ORDERED that the execution and filing of said Ad Interim Stipulation shall be without prejudice to the due appraisal of the Plaintiff's said interest under the order of this Court and that; on the filing of the report of the Commissioner to appraise, and upon the determination by the Court of any exceptions thereto, any party may have leave to apply to have the amount of said Stipulation increased or diminished as the Court may direct; and it is

FURTHER ORDERED that the further prosecution of any pending actions, suits or legal proceedings in any Court wheresoever or the institution and prosecution of any suits, actions or legal proceedings of any nature or description whatsoever in any Court wheresoever, against the M/V _____ or against Plaintiff, as the owner, operator and/or charterer of the M/V _____ with respect to any claim arising out of or connected with the incident occurring _____ (*facts as pled in Complaint*) thereafter, be and the same hereby are stayed and restrained until the hearing and determination of this proceeding; and it is

FURTHER ORDERED that service of this Order as a Restraining Order within this district be made in the usual manner and in any other district of the United States by service of process pursuant to FRCP 4, of a certified copy of this Order to the person or persons to be restrained, or by mailing first class, postage prepaid a true and correct copy of this Order to their respective attorneys, proctors or representatives.

ORDERED, this _____ day of _____, 20_____.

UNITED STATES DISTRICT/MAGISTRATE JUDGE

Submitted by:

Counsel for Plaintiff

§ 4-101. Order for Notice, FRCP Supplemental F(4) — Form 25.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM NO. 25

UNITED STATES DISTRICT COURT
_____ DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

ORDER FOR NOTICE, FRCP SUPPLEMENTAL F(4)

On the ore tenus motion of Plaintiff, _____, appearing through undersigned counsel, and on suggesting to the Court that Plaintiff desires the issuance of notice pursuant to the provisions of FRCP Supplemental F(4);

IT IS ORDERED that notice be given to all persons asserting any claims with respect to the accident occurring on or about _____, when (*facts related to incident*). The incident apparently resulted in damages to _____. The Court further admonishes all such parties to file their respective claims with the Clerk of this Court and to serve on the attorneys of the Plaintiff as listed below, a copy thereon on or before _____, 20_____.

It is further ordered that such notice be published in the _____ once a week for four (4) successive weeks with the last publication being at least thirty (30) days prior to the date fixed hereinabove for the filing of claims.

DONE AT _____, _____, this _____ day of _____, 20_____.

UNITED STATES DISTRICT/MAGISTRATE JUDGE

[FIRM'S NAME & ADDRESS]

BY: _____

§ 4-102. Notice of Filing of Complaint for Exoneration From or Limitation of Liability, Rule F(4) — Form 26.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM NO. 26

UNITED STATES DISTRICT COURT
_____ DISTRICT OF MISSISSIPPI

PLAINTIFF

VS.

CIVIL ACTION NO. _____

DEFENDANT

NOTICE OF FILING OF COMPLAINT FOR
EXONERATION FROM OR LIMITATION OF LIABILITY, RULE F(4)

NOTICE IS HEREBY GIVEN that _____ has filed a Complaint pursuant to Title 46, U.S.C. '33501, et seq., and the various statutes, rules and regulations supplemental thereto, and amendatory thereof, claiming the right to exoneration from or limitation of liability for all claims arising out of a casualty or incident occurring on or about _____, 20____, on *(facts as pled in Complaint)*.

All persons having such claims must file them as provided by FRCP Supplemental Rule F with the Clerk of this Court at _____ and serve on or mail to Plaintiff's attorneys, _____, of [FIRM=S NAME AND ADDRESS], a copy thereof on or before the _____ day of _____, 20____, or be defaulted.

Personal attendance is not required.

Any claimant desiring to contest the claims of Plaintiff must file an answer to said Complaint, as required by FRCP Supplemental Rule F(4) and (5) and serve or mail the Plaintiff's attorneys a copy thereof.

DATED, this _____ day of _____, 20____.

_____, CLERK
UNITED STATES DISTRICT COURT

BY: _____, D.C.

§ 4-103. Claim — Form 27.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM NO. 27

IN THE UNITED STATES DISTRICT COURT
_____ DISTRICT OF MISSISSIPPI
_____ DIVISION

UNITED STATES OF AMERICA PLAINTIFF

v. CIVIL ACTION NO. _____

_____ DEFENDANT

CLAIM

The undersigned claimant, _____, files this claim in response to the Notice of Forfeiture filed by the United States in the above styled cause, and asserts the following under penalty of perjury:

_____, claimant, has an interest in the property alleged to be subject to forfeiture by the United States, more particularly described as _____, which either existed prior to the accrual of the interest asserted by the United States, or was acquired, for value, after the accrual of the interest asserted by the United States without notice to the claimant that the defendant property was subject to forfeiture to the United States.

The claimant's interest in the subject property is more particularly described as follows:

SIGNATURE OF CLAIMANT

A copy of this claim has been served on the attorney designated by the government, in compliance with FRCP Supplemental G(5)(a)(i)(D).

Sworn to and subscribed before me under penalty of perjury, this the ____ day of _____, 20__.

(NOTARY)

§ 4-104. Affidavit — Form 28.

This form can be obtained from the Office of the Mississippi Secretary of State, P.O. Box 136, Jackson, MS 39205-0136. Telephone: (601)359-1633 or visit their website: <http://www.sos.ms.gov>.

FORM NO. 28

IN THE UNITED STATES DISTRICT COURT
 _____ DISTRICT OF MISSISSIPPI
 _____ DIVISION

UNITED STATES OF AMERICA

PLAINTIFF

v.

CIVIL ACTION NO. _____

DEFENDANT

AFFIDAVIT

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority, personally came and appeared:

_____, who, after being duly sworn, did depose and say that:

1. He/she has personally conducted a diligent inquiry in order to determine whether or not the defendant(s) in this action, _____, can be found within this District;
2. He/she has reviewed local telephone directories and called the telephone directory assistance service, searched the Mississippi Secretary of State's official corporate database website, and has conducted a multi-state comprehensive electronic search of all states; and
3. Based upon the results of the inquiries here and above mentioned, to the best of his/her knowledge, information and belief, the defendant cannot be found within the county within the meaning of FRCP Supplemental Rule B.

SWORN TO AND SUBSCRIBED

BEFORE ME THIS ____ DAY OF _____, 20__.

 NOTARY PUBLIC

My Commission Expires:

Chapter 5

REAL PROPERTY

- § 5-1. Warranty Deed.
- § 5-2. Special Warranty Deed.
- § 5-3. Quitclaim Deed.
- § 5-4. Deed of Executor/Executrix.
- § 5-5. Deed of Guardian.
- § 5-6. Mineral Right and Royalty Transfer Deed.
- § 5-7. Timber Deed.
- § 5-8. Quitclaim Cemetery Deed.
- § 5-9. Authority to Cancel Deed of Trust.
- § 5-10. Partial Release of Property.
- § 5-11. Boundary Agreement.
- § 5-13. Easement for Ingress and Egress.
- § 5-14. Water Line Easement.
- § 5-15. Sewer Line Easement.
- § 5-16. Easement and Deed of Conveyance of Water and Sewer System.
- § 5-17. Utility Easement.
- § 5-19. Lease.

§ 5-1. Warranty Deed.

ANNOTATIONS

Miss. Code Ann. §§ 89-1-1 through 89-1-67; § 89-5-33; § 27-3-51

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 62:43 – 62:44 (2001)

23 Am.Jur.2d *Deeds* § 282

92 C.J.S. *Vendor & Purchaser* § 389, 316

92A C.J.S. *Vendor & Purchaser* § 610

§ 5-2. Special Warranty Deed.

ANNOTATIONS

Miss. Code Ann. §§ 89-1-1 through 89-1-67; § 89-5-33; § 27-3-51

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 62:45 (2001)

Defects In Title Encompassed By Warranty Of Special Warranty Deed, 98 A.L.R.5th 665

23 Am.Jur.2d *Deeds* § 283

§ 5-3. Quitclaim Deed.

ANNOTATIONS

Miss. Code Ann. §§ 89-1-1 through 89-1-67; § 89-5-33; § 27-3-51

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 62:47 (2001)

23 Am.Jur.2d *Deeds* §§ 10, 15, 58, 286, 223-225, 275-276

26A C.J.S. *Deeds* § 17

§ 5-4. Deed of Executor/Executrix.

ANNOTATIONS

Miss. Code Ann. §§ 89-1-1 through 89-1-67; § 89-5-33; § 27-3-51; § 91-7-223

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, § 33:57 (2001)

31 Am.Jur.2d *Executors & Administrators* §§ 816-820, 1139-1140, 955-956

§ 5-5. Deed of Guardian.

ANNOTATIONS

Miss. Code Ann. §§ 89-1-1 through 89-1-67; § 89-5-33; § 27-3-51; § 93-13-51; § 93-19-1

39 Am.Jur.2d *Guardian & Ward* §§ 161-185

39 C.J.S. *Guardian & Ward* § 133

§ 5-6. Mineral Right and Royalty Transfer Deed.

ANNOTATIONS

Miss. Code Ann. §§ 89-1-1 through 89-1-67; § 89-5-33; § 27-3-51

Production On One Tract As Extending Term On Other Tract, Where One Mineral Deed Conveys Oil Or Gas In Separate Tracts For As Long As Oil Or Gas Is Produced, 9 A.L.R.4th 1121

Construction And Effect Of Provision For Payment Of Damages To “Crops” Or “Growing Crops” In Mineral Deed Or Lease,

Or In Conveyance Of Pipeline Or Other Underground Easement, 87 A.L.R.2d 235

53 Am.Jur.2d *Mines & Minerals* §§ 171-234

58 C.J.S. *Mines & Minerals* §§ 153-193

§ 5-7. Timber Deed.

ANNOTATIONS

Miss. Code Ann. §§ 89-1-1 through 89-1-67; § 89-5-33; § 27-3-51

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 63:1 – 63:8 (2001)

Construction And Effect Of Provision In Timber Deed Or Contract That Lands Shall Be Cut Over Only Once, Or The Like, 57 A.L.R.2d 827

Sufficiency Of Description In Standing Timber Deed Or Contract, 35 A.L.R.2d 1422

52 Am.Jur.2d *Logs & Timber* §§ 10-56

54 C.J.S. *Logs & Timber* §§ 6-25

§ 5-8. Quitclaim Cemetery Deed.

ANNOTATIONS

Miss. Code Ann. §§ 89-1-1 through 89-1-67; § 89-5-33; § 27-3-51

14 Am.Jur.2d *Cemeteries* §§ 21-26

14 C.J.S. *Cemeteries* §§ 21-22

§ 5-9. Authority to Cancel Deed of Trust.

ANNOTATIONS

Miss. Code Ann. §§ 89-5-1 through 89-5-45; § 89-1-51

§ 5-10. Partial Release of Property.

ANNOTATIONS

Miss. Code Ann. §§ 89-5-1 through 89-5-48

§ 5-11. Boundary Agreement.

ANNOTATIONS

Miss. Code Ann. §§ 89-1-1 through 89-1-67; § 89-5-33; § 27-3-51

12 Am.Jur.2d *Boundaries* §§ 75-92

1 Am.Jur.2d *Adjoining Landowners* §§ 1-39, 70-79

11 C.J.S. *Boundaries* §§ 64-140

2 C.J.S. *Adjoining Landowners* §§ 1-8, 40-67

§ 5-13. Easement for Ingress and Egress.

ANNOTATIONS

Miss. Code Ann. §§ 89-1-1 through 89-1-67; § 89-5-33; § 27-3-51

Location Of Easement Of Way Created By Grant Which Does Not Specify Location, 24 A.L.R.4th 1053

Conveyance Of “Right Of Way,” In Connection With Conveyance Of Another Tract, As Passing Fee Or Easement, 89 A.L.R.3d 767

25 Am.Jur.2d *Easements and Licenses in Real Property* §§ 13-14, 16, 18-22, 76-77, 82-84

28A C.J.S. *Easements* §§ 5-13, 52-60, 116-133

§ 5-14. Water Line Easement.

ANNOTATIONS

Miss. Code Ann. §§ 89-1-1 through 89-1-67; § 89-5-33; § 27-3-51

Location Of Easement Of Way Created By Grant Which Does Not Specify Location, 24 A.L.R.4th 1053

Conveyance Of “Right Of Way,” In Connection With Conveyance Of Another Tract, As Passing Fee Or Easement, 89 A.L.R.3d 767

25 Am.Jur.2d *Easements and Licenses in Real Property* §§ 13-14, 16, 18-22, 76-77, 82-84

28A C.J.S. *Easements* §§ 5-13, 52-60, 116-133

§ 5-15. Sewer Line Easement.

ANNOTATIONS

Miss. Code Ann. §§ 89-1-1 through 89-1-67; § 89-5-33; § 27-3-51

Location Of Easement Of Way Created By Grant Which Does Not Specify Location, 24 A.L.R.4th 1053

Conveyance Of “Right Of Way,” In Connection With Conveyance Of Another Tract, As Passing Fee Or Easement, 89 A.L.R.3d 767

25 Am.Jur.2d *Easements and Licenses in Real Property* §§ 13-14, 16, 18-22, 76-77, 82-84

28A C.J.S. *Easements* §§ 5-13, 52-60, 116-133

§ 5-16. Easement and Deed of Conveyance of Water and Sewer System.

ANNOTATIONS

Miss. Code Ann. §§ 89-1-1 through 89-1-67; § 89-5-33; § 27-3-51

Location Of Easement Of Way Created By Grant Which Does Not Specify Location, 24 A.L.R.4th 1053

Conveyance Of “Right Of Way,” In Connection With Conveyance Of Another Tract, As Passing Fee Or Easement, 89 A.L.R.3d 767

25 Am.Jur.2d *Easements and Licenses in Real Property* §§ 13-14, 16, 18-22, 76-77, 82-84

28A C.J.S. *Easements* §§ 5-13, 52-60, 116-133

§ 5-17. Utility Easement.

ANNOTATIONS

Miss. Code Ann. §§ 89-1-1 through 89-1-67; § 89-5-33; § 27-3-51

Location Of Easement Of Way Created By Grant Which Does Not Specify Location, 24 A.L.R.4th 1053

Conveyance Of “Right Of Way,” In Connection With Conveyance Of Another Tract, As Passing Fee Or Easement, 89 A.L.R.3d 767

25 Am.Jur.2d *Easements and Licenses in Real Property* §§ 13-14, 16, 18-22, 76-77, 82-84

28A C.J.S. *Easements* §§ 5-13, 52-60, 116-133

§ 5-19. Lease.

ANNOTATIONS

Miss. Code Ann. §§ 89-1-1 through 89-1-67; § 89-5-33; § 27-3-51

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 62:1 through 62:35 (2001)

23 Am.Jur.2d *Deeds* § 1, et seq.

28 Am.Jur.2d *Estates* §§ 1, et seq.

51 Am.Jur.2d *Life Tenants and Remaindermen* §§ 1, et seq.

Chapter 6

WILLS AND ESTATE ADMINISTRATION

- § 6-1. Last Will and Testament.
- § 6-2. Proof of Will.
- § 6-3. Last Will and Testament — Another Form.
- § 6-4. Last Will and Testament — Another Form.
- § 6-5. Administratrix's Petition to Determine Heirs And Joint Petition by Guardian to Approve Settlement of Doubtful Claims of Estate and of Minors.
- § 6-6. Decree Determining Heirs and Authorizing Administratrix and Guardians to Settle Doubtful Claims of Estate and of Minors.
- § 6-8. Waiver of Process.
- § 6-9. Receipt for Decree Restricting Withdrawal.
- § 6-10. Acknowledgment of Receipt.

§ 6-1. Last Will and Testament.

ANNOTATIONS

Miss. Code Ann. §§ 91-5-1 through 91-5-35

R. Weems, *Wills and Administration of Estates in Mississippi* (2d. 1995)

Robert A. Weems and Katherine L. Evans, *Mississippi Law of Intestate Succession, Wills, and Administration and the Proposed Mississippi Uniform Probate Code: A Comparative Analysis*, 62 Miss. L.J. 1

79 Am.Jur.2d *Wills* §§ 1-53, 183-326

95, 96, and 97 C.J.S. *Wills* §§ 166-385

§ 6-2. Proof of Will.

ANNOTATIONS

Miss. Code Ann. §§ 91-5-1 through 91-5-35

R. Weems, *Wills and Administration of Estates in Mississippi* (2d ed. 1995)

Robert A. Weems and Katherine L. Evans, *Mississippi Law of Intestate Succession, Wills, and Administration and the Proposed Mississippi Uniform Probate Code: A Comparative Analysis*, 62 Miss. L.J. 1

79 Am.Jur.2d *Wills* §§ 54 et seq.

94 C.J.S. *Wills* §§ 3 et seq.

§ 6-3. Last Will and Testament — Another Form.

ANNOTATIONS

Miss. Code Ann. §§ 91-5-1 through 91-5-35

Miss. Code Ann. § 91-7-155

Miss. Code Ann. § 91-7-157

Miss. Code Ann. §§ 91-9-1 et seq.

Miss. Code Ann. § 91-7-35

Miss. Code Ann. § 91-7-49

R. Weems, *Wills and Administration of Estates in Mississippi* (2d ed. 1995)

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, § 33:53 et seq. (2001)

Robert A. Weems and Katherine L. Evans, *Mississippi Law of Intestate Succession, Wills, and Administration and the Proposed Mississippi Uniform Probate Code: A Comparative Analysis*, 62 Miss. L.J. 1

31 Am.Jur.2d *Executors and Administrators* §§ 613, 614; §§ 158, 159

76 Am.Jur.2d *Trusts* §§ 68, 69, 71

79 Am.Jur.2d *Wills* §§ 54 et seq.

80 Am.Jur.2d *Wills* §§ 1671 et seq.

94 C.J.S. *Wills* §§ 3 et seq.

33 C.J.S. *Executors and Administrators* §§ 22 et seq.

34 C.J.S. *Executors and Administrators* § 380

89 C.J.S. *Trusts* §§ 31 et seq.

§ 6-4. Last Will and Testament — Another Form.

ANNOTATIONS

Miss. Code Ann. §§ 91-5-1 through 91-5-35

Miss. Code Ann. § 91-7-155

Miss. Code Ann. § 91-7-157

Miss. Code Ann. §§ 91-9-1 et seq.

Miss. Code Ann. § 91-7-35

Miss. Code Ann. § 91-7-49

Miss. Code Ann. § 93-13-7

R. Weems, *Wills and Administration of Estates in Mississippi* (2d ed. 1995)

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, § 33:53 et seq. (2001)

Robert A. Weems and Katherine L. Evans, *Mississippi Law of Intestate Succession, Wills, and Administration and the Proposed Mississippi Uniform Probate Code: A Comparative Analysis*, 62 Miss. L.J. 1

31 Am.Jur.2d *Executors and Administrators* §§ 613, 614; §§ 158, 159

76 Am.Jur.2d *Trusts* §§ 68, 69, 71

79 Am.Jur.2d *Wills* §§ 54 et seq.

80 Am.Jur.2d *Wills* §§ 1671 et seq.

39 Am.Jur.2d *Guardian and Ward* §§ 11 et seq.

33 C.J.S. *Executors and Administrators* §§ 22 et seq.

34 C.J.S. *Executors and Administrators* § 380

39 C.J.S. *Guardian and Ward* § 15

89 C.J.S. *Trusts* §§ 31 et seq.

94 C.J.S. *Wills* §§ 3 et seq.

§ 6-5. Administratrix's Petition to Determine Heirs And Joint Petition by Guardian to Approve Settlement of Doubtful Claims of Estate and of Minors.

ANNOTATIONS

Miss. Code Ann. §§ 91-1-27, 91-1-29, 91-7-229, 93-13-59

Uniform Chancery Court Rule 6.10

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 33:8, 33:34 (2001)

Robert A. Weems and Katherine L. Evans, *Mississippi Law of Intestate Succession, Wills, and Administration and the Proposed Mississippi Uniform Probate Code: A Comparative Analysis*, 62 Miss. L.J. 1

23 Am.Jur.2d *Descent and Distribution* §§ 24 et seq., §§ 41 et seq.

31 Am.Jur.2d *Executors and Administrators* §§ 649 et seq.

39 Am.Jur.2d *Guardian and Ward* § 107

26A C.J.S. *Descent and Distribution* §§ 8 et seq., 19 et seq.

39 C.J.S. *Guardian and Ward* §§ 78, 111

§ 6-6. Decree Determining Heirs and Authorizing Administratrix and Guardian to Settle Doubtful Claims of Estate and of Minors.

ANNOTATIONS

Miss. Code Ann. §§ 91-1-27, 91-1-29, 91-7-229, 93-13-59

Uniform Chancery Court Rule 6.10

J. Jackson & M. Miller, *ENCYCLOPEDIA OF MISSISSIPPI LAW*, §§ 33:8, 33:34 (2001)

Robert A. Weems and Katherine L. Evans, *Mississippi Law of Intestate Succession, Wills, and Administration and the Proposed Mississippi Uniform Probate Code: A Comparative Analysis*, 62 Miss. L.J. 1

23 Am.Jur.2d *Descent and Distribution* §§ 24 et seq., §§ 41 et seq.

31 Am.Jur.2d *Executors and Administrators* §§ 649 et seq.

39 Am.Jur.2d *Guardian and Ward* § 107

26A C.J.S. *Descent and Distribution* §§ 8 et seq., 19 et seq.

39 C.J.S. *Guardian and Ward* §§ 78, 111

§ 6-8. Waiver of Process.

ANNOTATIONS

M.R.C.P. 4

Robert A. Weems and Katherine L. Evans, *Mississippi Law of Intestate Succession, Wills, and Administration and the Proposed Mississippi Uniform Probate Code: A Comparative Analysis*, 62 Miss. L.J. 1

§ 6-9. Receipt for Decree Restricting Withdrawal.

ANNOTATIONS

Miss. Code Ann. §§ 93-13-17, 93-13-67

Robert A. Weems and Katherine L. Evans, *Mississippi Law of Intestate Succession, Wills, and Administration and the Proposed Mississippi Uniform Probate Code: A Comparative Analysis*, 62 Miss. L.J. 1

39 Am.Jur.2d *Guardian and Ward* § 48; §§ 162 et seq.

39 C.J.S. *Guardian and Ward* §§ 31 et seq.; §§ 145 et seq.

§ 6-10. Acknowledgment of Receipt.

ANNOTATIONS

Miss. Code Ann. §§ 93-13-17, 93-13-67

39 Am.Jur.2d *Guardian and Ward* § 48; §§ 162 et seq.

39 C.J.S. *Guardian and Ward* §§ 31 et seq.; §§ 145 et seq.

Chapter 7

MISCELLANEOUS LEGAL FORMS

- § 7-1. Limited Power of Attorney.
- § 7-2. General Durable Power of Attorney.
- § 7-3. Mississippi Acknowledgment Form § 89-3-7 (natural persons acting in their own right).
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- § 7-7. Mississippi Acknowledgment Form § 89-3-7 (a corporate member of a member-managed limited liability company).
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- § 7-11. Mississippi Acknowledgement Form § 89-3-7(h) (any business organization, foreign or domestic).

§ 7-1. **Limited Power of Attorney.**

ANNOTATIONS

Miss. Code Ann. §§ 87-3-1 through 87-3-17, 87-3-101 through 87-3-113
3 Am.Jur.2d *Agency* §§ 21-32

§ 7-2. **General Durable Power of Attorney.**

ANNOTATIONS

Miss. Code Ann. §§ 87-3-1 through 87-3-17, 87-3-101 through 87-3-113
3 Am.Jur.2d *Agency* § 26

§ 7-3. **Mississippi Acknowledgment Form § 89-3-7 (natural persons acting in their own right).**

ANNOTATIONS

Miss. Code Ann. § 89-3-7
1 Am.Jur.2d *Acknowledgments* § 7
3 Am.Jur.2d *Agency* § 24

§ 7-4. Mississippi Acknowledgment Form § 89-3-7 (corporations).

ANNOTATIONS

Miss. Code Ann. § 89-3-7

1 Am.Jur.2d *Acknowledgments* § 9

3 Am.Jur.2d *Agency* § 24

1A C.J.S. *Acknowledgments* § 27

§ 7-5. Mississippi Acknowledgment Form § 89-3-7 (a corporate general partner of a limited partnership).

ANNOTATIONS

Miss. Code Ann. § 89-3-7

1 Am.Jur.2d *Acknowledgments* § 10

3 Am.Jur.2d *Agency* § 24

§ 7-6. Mississippi Acknowledgment Form General/Limited Partnership (individual signing for the partnership).

ANNOTATIONS

Miss. Code Ann. § 89-3-7

1 Am.Jur.2d *Acknowledgments* § 10

3 Am.Jur.2d *Agency* § 24

1A C.J.S. *Acknowledgments* § 28

§ 7-7. Mississippi Acknowledgment Form § 8903-7 (a corporate member of a member-managed limited liability company).

ANNOTATIONS

Miss. Code Ann. § 89-3-7

1 Am.Jur.2d *Acknowledgments* § 10

3 Am.Jur.2d *Agency* § 24

§ 7-8. Mississippi Acknowledgment Form § 89-3-7 (a corporate manager of a manager-managed limited liability company).

ANNOTATIONS

Miss. Code Ann. § 89-3-7

1 Am.Jur.2d *Acknowledgments* § 10

§ 7-9. **Mississippi Acknowledgment Form § 89-3-7 (persons acting in representative capacities).**

ANNOTATIONS

Miss. Code Ann. § 89-3-7

1 Am.Jur.2d *Acknowledgments* § 8

3 Am.Jur.2d *Agency* § 24

1A C.J.S. *Acknowledgments* § 26

§ 7-10. **Mississippi Acknowledgment Form § 89-3-7 (proof of execution of the instrument made by a subscribing witness).**

ANNOTATIONS

Miss. Code Ann. § 89-3-7

3 Am.Jur.2d *Agency* § 24

1A C.J.S. *Acknowledgments* § 29

§ 7-11. **Mississippi Acknowledgement Form § 89-3-7(h) (any business organization, foreign or domestic).**

STATE OF _____
COUNTY OF _____

Personally appeared before me, the undersigned authority in and for the said county and state, on this _____ day of _____, 20____, within my jurisdiction, the within named _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed in the above and foregoing instrument and acknowledged that he/she/they executed the same in his/her/their representative capacity(ies), and that by his/her/their signature(s) on the instrument, and as the act and deed of the person(s) or entity(ies) upon behalf of which he/she/they acted, executed the above and foregoing instrument, after first having been duly authorized so to do.

(NOTARY PUBLIC)

My commission expires:

(Affix official seal, if applicable)

